

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90124 025 ***150.00

DOCUMENT # P00000013669

1. Entity Name
MELROSE ADVERTISING & PRINTING INC.



Principal Place of Business
**380 EAST 9TH STREET
STE 2
HIALEAH FL 33010**

Mailing Address
**380 EAST 9TH STREET
STE 2
HIALEAH FL 33010**

2. Principal Place of Business
1686 W 41 ST

3. Mailing Address
1686 W 41 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State
HIALEAH FL

4. FEI Number **65-0991597**

Applied For
Not Applicable

Zip
33012

Country

Zip
33012

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUAREZ, ARMANDO
380 EAST 9TH STREET
STE 2
HIALEAH FL 33010**

Name

Street Address (P.O. Box Number is Not Acceptable)

1686 W 41 ST

City

HIALEAH

FL

Zip Code

33012

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SUAREZ, ARMANDO**
STREET ADDRESS **380 EAST 9TH STREET**
CITY-ST-ZIP **HIALEAH FL 33010**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1686 W 41 ST**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **TD** ☐ Delete
NAME **SUAREZ, SILVIA E**
STREET ADDRESS **12290 SW 31ST CT**
CITY-ST-ZIP **MIAMI FL 33175**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVD** ☐ Delete
NAME **SUAREZ, SILVIA Y**
STREET ADDRESS **12290 SW 31ST CT**
CITY-ST-ZIP **MIAMI FL 33175**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO SUAREZ **03/07/03 (305) 883-8551**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)