

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90052 027 ***150.00

DOCUMENT # P00000024416

1. Entity Name

MEYLIN GROUP, INC.

Principal Place of Business

**8745 SW 113RD COURT
MIAMI FL 33173**

Mailing Address

**8745 SW 113RD COURT
MIAMI FL 33173**

2. Principal Place of Business

10103 SW 159 AV.

Suite, Apt. #, etc.

3. Mailing Address

10103 SW 159 AV.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33196

Country

USA

Zip

33196

Country

USA

4. FEI Number

65-0989334

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VELASCO, JAVIER R
8745 SW 113RD COURT
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name

ELIO H. RAINUZZO

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

14223 SW 101 LANE

City

Miami

FL

Zip Code

33186

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.

SIGNATURE

Elio H. Rainuzzo

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/01

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

**After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | PTD | <input checked="" type="checkbox"/> Delete |
| NAME | VELASCO, JAVIER R | |
| STREET ADDRESS | 8745 SW 113RD COURT | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | VPSD | <input checked="" type="checkbox"/> Delete |
| NAME | VELASCO, ROSARIO L | |
| STREET ADDRESS | 8745 SW 113RD COURT | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PSTD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ELIO H. RAINUZZO | |
| STREET ADDRESS | 14223 SW 101 LANE | |
| CITY-ST-ZIP | Miami, FL 33186 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Elio H. Rainuzzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/22/01

Daytime Phone #

(305) 387-2374

CR2E034 (10/00)