

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000028060**1. Entity Name  
MELAPASC ENTERPRISES, INC.

## Principal Place of Business

3285 FOXCROFT RD. E210

MIRAMAR  
33025

FL

## Mailing Address

3285 FOXCROFT RD. E210

MIRAMAR  
33025

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

65-0991673

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

ESTIME GILBERT  
3285 FOXCROFT RD. E210MIRAMAR  
33025

FL

## 7. Name and Address of New Registered Agent

Name

ESTIME GILBERT

Street Address (P.O. Box Number is Not Acceptable)  
17454 SW 79 COURTCity  
MIAMI

FL

Zip Code  
33157

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 \_\_\_\_\_ DATE **05/01/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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          | <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    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                          |                                 |  |
|----------------|--------------------------|---------------------------------|--|
| TITLE          | P                        | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME           | JARBATH MARGUERITE P     |                                 |  |
| STREET ADDRESS | 3285 FOXCROFT ROAD, E210 |                                 |  |
| CITY-ST-ZIP    | MIRAMAR FL 33025         |                                 |  |
| 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    |                          |                                 |  |
| 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:** Marguerite Jarbath

PRES

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)