

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91329 004 \*\*\*150.00

DOCUMENT # **P000000 28060**

1. Entity Name

**MELAPASC ENTERPRISES, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3285 Foxcroft RD, E210**

Suite, Apt. #, etc.

3. Mailing Address

**3285 Foxcroft RD, E210**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**MIRAMAR**

City & State

**MIRAMAR FL**

4. FEI Number

**65-0991673**

Applied For  
Not Applicable

Zip

**FL**

Country

Zip

**33025**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **GILBERT Estime**

Street Address (P.O. Box Number is Not acceptable)  
**17454 SW 79 court**

City **Miami**

**FL**

Zip Code

**33157**

**DO NOT WRITE  
IN THIS SPACE**

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

*(Signature of Gilbert Estime)*

*(NOTE: Registered Agent signature required when relocating)*

DATE

**April 30, 2002**

9. This corporation is eligible to satisfy its intangible  
Tax filing requirements and elects to do so  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 **P**  
NAME **PRESIDENT**  
STREET ADDRESS **MARQUERITE Jarbath**  
CITY-STATE-ZIP **3825 Foxcroft RD E210, Miramar FL 33025**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*(Signature of Marguerite Jarbath)*

Date

Daytime Phone #

**MARGUERITE M. JARBATH**

CR2E034B (12/01)