2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State
03-22-2001 90074 027 ***150.00

DOCUMENT # P00000046112

1. Entity Name: MECCATEK ENTERPRISES, INC.

Principal Place of Business	Mailing Address
460 N.E. 178 Street NORTH MIAMI BEACH, FL 33162	460 N.E. 178 Street North Miami Beach, Fl. 33162

A0036167

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6645 N.W. 174 Terrace	6645 N.W. 174 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI LAKES FL.	City & State: MIAMI LAKES, FL.
Zip: 33015 Country: USA	Zip: 33015 Country: USA

4. FEI Number: 65-65-1006617 ☐ Applied For ☐ Not Applicable

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
Patrick Mecca Marcelin 460 N.E. 178 St. North Miami Beach, Fl. 33162	Name: Patrick Mecca Marcelin Street Address (P.O. Box Number is Not Acceptable): 6645 N.W. 174 Terrace City: Miami Lakes FL Zip Code: 33015

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: X Patrick Mecca Marcelin 03/07/01
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) ☐

[redacted]

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			
PD	Patrick Mecca Marcelin 460 N.E. 178 St. North Miami Beach, Fl. 33162 ☒ Delete	Patrick Mecca Marcelin 6645 N.W. 174 Terrace Miami Lakes, Fl. 33015	☒ Change ☐ Addition
VD	Gary Marcelin 460 N.E. 178 St. North Miami Beach, Fl. 33162 ☒ Delete	Gary Marcelin 6645 N.W. 174 Tewrrace Miami Lakes, Fl. 33015	☒ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

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: Patrick M Marcelin Patrick Mecca Marcelin President 03/07/.01 (305) 987-1861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #