

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90255 045 ***150.00

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1. Entity Name

G-MEL CORPORATION



Principal Place of Business
525 NW 129TH WAY
PEMBROKE PINES FL 33028

Mailing Address
PO BOX 260849
PEMBROKE PINES FL 33026



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1026530**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARCONDES, GILNEI
1381 NW 130TH AVENUE
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name **GIL MARCONDES**

Street Address (P.O. Box Number is Not Acceptable)
525 NW 129TH WAY

City **PEMBROKE PINES** FL Zip Code **33028**

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 *Gilnei Marcondes* **GILNEI MARCONDES**

DATE **04/14/2003**

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **D** ☐ Delete
NAME **MARCONDES, GILNEI**
STREET ADDRESS **1381 NW 130TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☒ Delete
NAME **MARCONDES, MELISSA K**
STREET ADDRESS **1381 NW 130TH AVENUE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **GIL MARCONDES**
STREET ADDRESS **525 NW 129TH WAY**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Gilnei Marcondes **GIL MARCONDES**

DATE **04/14/2003**

DAYTIME PHONE # **954-9318056**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)