

AV 000000

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000070647

FILED

02 APR 22 AM 11:33

SECRETARY OF STATE  
FLORIDA



09/21/01 90005 047 550.00  
DO NOT WRITE IN THIS SPACE

1. Entity Name  
MELCECE, INC.

Principal Place of Business  
10620 N.W. 37TH STREET WEST  
CORAL SPRINGS FL 33065

Mailing Address  
10620 N.W. 37TH STREET WEST  
CORAL SPRINGS FL 33065

15174 60<sup>TH</sup> PL. NORTH POX 670396

2. Principal Place of Business  
LOXAHATCHEE FL  
Suite, Apt. #, etc.

3. Mailing Address  
CORAL SPRINGS  
Suite, Apt. #, etc.

City & State  
LOX, FLORIDA

City & State  
FL

4. FEI Number

65-1034326

Applied For  
Not Applicable

Zip  
33470

Country  
U-S-A

Zip  
33067

Country  
U-S-A

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

OTTEWELL, R. STEPHEN ESQ.  
5301 N. FEDERAL HIGHWAY  
THE COURTYARD, SUITE 200  
BOCA RATON FL 33487

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE 9/11/01

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRASER, MELVIN A 10620 N.W. 37TH STREET WEST CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRASER, CECILIA I 10620 N.W. 37TH STREET WEST CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 1/8/02

Date

Daytime Phone #

CR2E034 (\$701)

PAGE 2013

15174 60<sup>th</sup> Place, North  
Loxahatchee, FL 33470

April 17, 2002

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee FL. 32314

Subject: MELCECE INC. Reinstatement  
Reference Number: P00000070647  
Letter Number: 902A00005602

To Whom It May Concern

This is in response to a letter dated February 20 2002 that I received from the State of Florida regarding the above referenced cooperation

I did not receive the notice of renewal for Uniform Business Report for the Year 2001. I changed my address in June of 2000 and again in September of 2001. I received the second notice, which I signed on 9/11/01 and returned to the state. (Enclosed is a copy of the form along with a copy of envelope that the form came in.)

Based on the fact that I did not receive the notice I am asking that my cooperation be reinstated for the year 2001 and 2002. I am also requesting that the fee of \$150.00 for each be accepted. Since the State is in possession of my check for \$550.00 I am asking that the total amount of \$300.00 be taken out and the balance of \$250.00 be returned to me.

Anticipating your usual kind cooperation on matters of this nature. Thanks again.

Please forward all correspondence my home address: 15174 60<sup>th</sup> Place, North, Loxahatchee, FL 33470.

MELCECE INC.

Melvin Fraser



PAID  
JUN 10 2001  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS  
Corporate Records  
P.O. Box 6327  
Tallahassee, Florida 32314