

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000082264**

1. Entity Name

MEDITERRANEAN MANUFACTURING, INC.**FILED**
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90183 037 ***150.00

C0046502

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~1798 N.W. 20TH STREET BAY #5~~
~~MIAMI FL 33142~~~~1798 N.W. 20TH STREET BAY #5~~
~~MIAMI FL 33142~~

2. Principal Place of Business

540 Brickell Key Dr.

3. Mailing Address

540 Brickell Key Dr.

Suite, Apt. #, etc.

#616

Suite, Apt. #, etc.

#616

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33131

Country

Zip

33131

Country

4. FEI Number

65-1069855

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CACERES, MIGUEL O~~1798 N.W. 20TH STREET BAY #5~~
~~MIAMI FL 33142~~**540 BRICKELL KEY DR #616**
MIAMI FLORIDA 33131

7. Name and Address of New Registered Agent

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, 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CACERES, MIGUEL O**
STREET ADDRESS ~~1798 N.W. 20TH STREET BAY #5~~
CITY-ST-ZIP **MIAMI FL 33142**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

4/09/01

Daytime Phone #

CR2E034 (10/00)

0177144