## **FILED**

## Mar 26, 2002 8:00 am § Secretary of State

03-26-2002 90028 025 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P00000082264

**DOCUMENT #** 1. Entity Name

MEDITERRANEAN MANUFACTURING, INC.

				İ				
Principal Place of Business Mailing Address								
540 BRICKELL KEY DR #616 MIAMI FL 33131		540 BRICKELL KEY DR #616 MIAMI FL 33131						
2. Principal Place of Business		3. Mailing Address				111 <b>3</b> 11818 11818	Bitil Bibli 1881	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4.</b> F	FEI Number 65-1069855 Applied For Not Applicable		· <del></del>	
Zíp	Country	Zip	Country	5. (		\$8.75 Ad	ditional	
	6. Name and Address of Curren	t Registered Agent			lame and Address of New Registered A			
			Name				-	
	S, MIGUEL O	•	Street Addre		s (P.O. Box Number is Not Acceptable)			
	CKELL KEY DR #616		<del></del>		<u> </u>	<del></del>		
MIAMI FL	. 33131							
			City		FL	Zip Coo	de	
8. The above	e named entity submits this statement	for the purpose of changing its	registered office or regis	stered ag	ent, or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	: Registered Agent signature requ	ired when re	instating) DATE			
				-				
			!! FEE IS \$150.00 02 Fee will be \$550.0	n	10. Election Campaign Financing		<b>)0</b> May Be	
(See criteria on back)			le to Department of S		Trust Fund Contribution.	J Adde	d to Fees	
11.	OFFICERS AN	D DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE */	D D	☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	CACERES, MIGUEL O 540 BRICKELL KEY DR #616		NAME STREET ADDRESS		- ···	مهداند اخد	-	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP					
TITLE		Dëlete* ·	TITLE			☐ Change	Addition	
NAME			NAME					
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NAME	1	☐ Delete	NAME			onlings		
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NAME			NAME					
STREET ADDRESS		( '.	STREET ADDRESS				}	
CITY-ST-ZIP								

13. I hereby certify that the information supplied with this filling 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 leport is the 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 trustale 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:

Daytime Phone #