

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90084 044 ***150.00

DOCUMENT # 900000098164 ✓

1. Entity Name

MEJIA & MEJIA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4100 NW 135 St

Suite, Apt. #, etc.

Bay 3A

3. Mailing Address

2043 N. MIAMI AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OPA LOCKA, FL.

City & State

MIAMI, FL

4. FEI Number

65-1049877

Applied For

Not Applicable

Zip

33054

Country

U.S.A.

Zip

33137

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CELSO MEJIA

Street Address (P.O. Box Number is Not Acceptable)

2043 N. MIAMI AVE

City

MIAMI

FL

Zip Code

33137

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 resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>TREASURER</u> <u>CELSO MEJIA</u> <u>2043 N. MIAMI AVE</u> <u>MIAMI FL 33137</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P/S</u> <u>WILFREDO MEJIA</u> <u>1221 WILMINGTON ST</u> <u>OPA-LOCKA, FL 33054</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V</u> <u>JOSE A. JURADO</u> <u>6800 WEST 16TH DR. #209</u> <u>HALEAH, FL 33014</u>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (305) 308-9109

Date

Daytime Phone #

CR2E034B (12/01)