## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P00000103106

1. Entity Name



## FILED Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 90722 034 \*\*\*150.00

EDOARD	O MELONI, P.A.							
Principal Place of Business 900 SW 40TH AVENUE PLANTATION FL 33317		Mailing Address 900 SW 40TH AVENUE PLANTATION FL 33317	900 SW 40TH AVENUE					
2. Principal F	Place of Business	3. Mailing Address			in objek bolin balik color ilbir bi			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		IECK HERE IF MAKING	CHANGES		
City & State		City & State	City & State		hh-11154454		oplied For	
Zìp	Country	Zip	Country	5. Certificate of Statu		\$8.75 Additional Fee Required		
	6. Name and Address of Curre	ent Registered Agent		7. Name and Addres	ss of New Registered A	gent		
MELONI	EDOADDO	•	Name	Name				
•	edoardo With Avenue		Street Addres	ss (P.O. Box Number is Not	Acceptable)			
PLANTATION FL 33317								
		$\wedge$	City		FL	Zip Code	e	
	named entity submits this statementions of registered agent.	nt for the purpose of changing its	registered office or regis	stered agent, or both, in the	State of Florida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ac	gent and title if applicable. (NOTE	Registered Agent signature regi	uired when reinstating)	3/13/03 DATE			
⊕ F	ILE NOW!!! FEE IS \$150.00			0.51.11.0				
	May 1, 2003 Fee will be \$550.0 Payable to Florida Department			<b>I</b>	ampaign Financing  Contribution.		May Be to Fees	
10.		ND DIRECTORS	11.	ADDITIONS/CHANG	SES TO OFFICERS AND S	DIRECTORS	3 IN 11	
TITLE	PD	☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS	MELONI, EDOARDO 900 SW 40TH AVENUE		NAME STREET ADDRESS				}:	
CITY-ST-ZIP	PLANTATION FL 33317		STREET ADDRESS  CITY-ST-ZIP				}	
TITLE	II	☐ Delete	TITLE		-	☐ Change	Addition	
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	ı	Delete	TITLE		I	Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby o	ertify that the information supplied von this report or supplemental report	with this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florid	ia Statutes. I further certif	y that the in	or director	

of the corporation or the receiver or fusite and man are entired 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:**