

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114721

1. Entity Name
MEKARA INC.

Principal Place of Business

3251 NW 183 STREET
MIAMI FL 33056

Mailing Address

3251 NW 183 STREET
MIAMI FL 33056 33056

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip 33056

Country

Zip 33056

Country

4. FEI Number 65-1081900

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

ASSOU, QUALID
3251 NW 183 STREET
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name: Raphael Nucera
Street Address (P.O. Box Number is Not Acceptable)
3251 NW 183 Street
City: Miami FL Zip Code 33056

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

03-26-02

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 \$50.00
After May 1, 2002 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	PTS	<input checked="" type="checkbox"/> Delete
NAME	ASSOU, QUALID	
STREET ADDRESS	3251 NW 183 STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VPO	<input checked="" type="checkbox"/> Delete
NAME	ASSOU, QUALID	
STREET ADDRESS	3251 NW 183 STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Treasurer/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raphael Nucera	
STREET ADDRESS	3251 NW 183 Street	
CITY-ST-ZIP	Miami, Florida 33056	
TITLE	Vice-President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raphael Nucera	
STREET ADDRESS	3251 NW 183 Street	
CITY-ST-ZIP	Miami, Florida 33056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 687, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raphael Nucera

03/16/02 (305) 625-4132

Daytime Phone #

FILED
May 24, 2002 8:00 am
Secretary of State

04-03-2002 90177 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)