2002 UNIFORM BUSINESS REPORT (UBR)

P01000054993 **DOCUMENT #** 1. Entity Name

MELANIE'S CLEANING SERVICE, INC.

Principal Place of Business

· Mailing Address

May 15, 2002 8:00 am & Secretary of State

05-15-2002 90022 014 ***150.00 **FILED**

2310 N W 89TH TERRACE MIAMI FL 33147		2310 N W 89TH TERRACE MIAMI FL 33147							
									
2. Principal Place of Business		3. Mailing Address			T PRESIDENT IN BOIGH HOUS BOILE DOSAL OF	Altr' Baraz asins minsa-i	išus ištias tili rest		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	DO NOT WRITE IN THIS SPACE .				
City & State		City & State			4. FI			Applied For Not Applicable	
Zìp	Country	Zip Coun		ntry	5. C		\$8.75 / Fee Requ	Additional	
	6. Name and Address of Current F	legistered Agent			7. N	ame and Address of New Regis	tered Agent		
				Name					
	W 89TH TERRACE		Street Address (P		(P.O. Bo	P.O. Box Number is Not Acceptable)			
miami f	L 33147								
•				City	FL Zip Code			ode	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or registe	ered age	nt, or both, in the State of Florida			
€ ب									
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NOT)	E: Registere	d Agent signature require	d when rein	nstating)	DATE		
9. This corporate Tax filing (See crite	After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 ke Check Payable to Department of State		ate	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
11. OFFICERS AND DIRECTORS					ADD	DITIONS/CHANGES TO OFFICER	S AND DIRECTO	DRS IN 11	
TITLE	D	☐ Delete TITLE		E	Change				
NAME	DAVIS, MELANIT		NAM	E				e	
STREET ADDRESS	2310 N W 89TH TERRACE MIAMI FL 33147			ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP	President Vine Demetrius William 2310 N. W. 39+38-147	S Delete					☐ Chang	e Addition	
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·CITY-ST-ZIP	miami 719			-ST-ZIP				3m / 1	
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STREET ADDRESS			STREE	ET ADDRESS				-	
CITY-ST-ZIP				ST-ZIP					
of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, wi	rue and accurate and that me rered to execute this report a	าง รเดทสก	ure shall have the	eame le	nal ettect se it made under nath- t	that I am an offic	er or director	

SIGNATURE: