

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90248 038 ***150.00

DOCUMENT # P01000064402

1. Entity Name

MELSAN INVESTMENT, INC.



Principal Place of Business

~~5825 COLLINS AVE #7E~~

~~MIAMI BCH FL 33140~~

Mailing Address

P.O BOX 801338

AVENTURA FL 33280-1338

00010010



2. Principal Place of Business

19724 E. Country Club Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Aventura, Florida

Zip

33180

Country

USA

City & State

Aventura, Florida

Zip

33180

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1132222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MINUCHIN, SALOMON~~

~~5825 COLLINS AVE #7E~~

~~MIAMI BCH FL 33140~~

7. Name and Address of New Registered Agent

Name

Carlos O. NAJUN

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

19724 E. Country Club Drive

City

Aventura

FL

Zip Code

33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	NAJUN, CARLOS O	
STREET ADDRESS	5825 COLLINS AVE #7E	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MINUCHIN, MABEL L	
STREET ADDRESS	5825 COLLINS AVE #7E	
CITY-ST-ZIP	MIAMI BCH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	19724 E. Country Club Drive
CITY-ST-ZIP	Aventura, Florida 33180
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	19724 E. Country Club Drive
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 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

3/19/03 (3ar) 682-8910

Date

Daytime Phone #

CR2E034 (10/02)