

2002 UNIFORM BUSINESS REPORT

FILED
Jun 20, 2002 8:00 am
Secretary of State

DOCUMENT # P01000080900
 1. Entity Name
MEDITERRANEAN CONCEPTS CORPORATION

06-20-2002 90062 047 ***150.00

Principal Place of Business 7211 MIAMI LAKES DRIVE A-3 MIAMI LAKES FL 33014	Mailing Address 7211 MIAMI LAKES DRIVE A-3 MIAMI LAKES FL 33014
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
 05-1135415

Appl	
Not	

5. Certificate of Status Desired \$8.75 Addl Fee Required

6. Name and Address of Current Registered Agent
ARNDT, JO-ANN
5212 OVERVIEW COURT
ORLAND FL 32819

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 reinstalling) DATE _____

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

FILE NOW!!! FEES \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 Added to

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, TOMAS E 7211 MIAMI LAKES DRIVE A-3 MIAMI LAKES FL 33014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARNDT, TIMOTHY A 5212 OVERVIEW COURT ORLANDO FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNDT, JO-ANN 5212 OVERVIEW COURT MIAMI LAKES FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
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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 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 Block 12, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tomas E. Rodriguez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Tomas E. Rodriguez** 3-21-02 205-406-1111

June 13, 2002

Division of Corporations
Uniform Business Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

I filed my Uniform Business Report on a timely basis on March 21, 2002, however your office informed me that it was not received. Therefore as instructed by your office, I am enclosing a copy of the original report, and a new check.

Sincerely yours,



Tomas E. Rodriguez, President
Mediterranean Concepts Corporation

Attachment
Document #
PO1000080900

870404