4/9.

2002 UNIFORM BUSINESS REPORT MIRE

2002 UNIF	orm Busi	ness repo	· Drt	(UB	R)	4/9. May	FIL] 12, 20	02 8	8:00	am
DOCUMENT # P01000105331 1. Entity Name MELARKAM CORP.				!		Secretary of State 04-09-2002 90050 026 ***150.00				
Principal Place of Business 7991 TENNYSON CT BOCA RATON FL 33433		Mailing Address 7991 TENNYSON CT BOCA RATON FL 33433				27644				
2. Principal Place of Business		3. Mailing Address		į		1081 001 11 1014 11611 861				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		i		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4		FEI Number 3 5 9 3 9		No	plied For t Applicable	
Zip	Country	Zip	Cour			Certificate of Status Desire	φ LJ Ė	8.75 Add se Require	d	_
6., Name a	nd Address of Current R	gistered Agent		_Name_		Name and Address of Ne		ent		-
BELSON; STEVEN A ESQ BANK OF AMERICA BLDG 2000 GLADES RD, STE 308						P.O. Box Number is Not Acceptable)				
BOCA RATON FL 3343			City		Zip Code					
8. The above named entity s	ubmits this statement for t	he purpose of changing its	register	ed office o	r registered a	gent, or both, in the State of	Florida.	1		1
SIGNATURE Signature, typed or p	orinted name of registered agent and	title if applicable. (NOTE	: Registere	d Ageni signat	neriw beriuper eru:	reinstabing)	DATE			
This corporation is eligible Tax filing requirement and (See criteria on back)	a to satisfy its Intangible delects to do so.	FILE NOW! After May 1, 200 Make Check Payab)2 Fee	will be \$5	50.00	10. Election Campaign Trust Fund Contribu			O May Be to Fees	
11.	OFFICERS AND D	RECTORS	12.		Al	DDITIONS/CHANGES TO C		IRECTORS	S IN 11	┪_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Oelete	IF.		Bow	Tannyson Court Radou, Fe	1 33 <i>4</i> 33	Change	Addition	2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	- 11		Benn	and Kamine Tennyson Raton, FL	72 ky . [Change Coy	Addition	CRZ
TITLE		= Detete	NAMI	i				Change -	*frombbA 🖽	
STREET ADDRESS: CITY-ST-ZIP			Ш	et adoress - St-Zip	سننيب محسد		 			
TITLE NAME, STREET ADDRESS CITY-ST-ZIP		□ Delete	41] Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE			<u> </u>	С] Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME	'			C	Change	Addition .	
CITY-ST-ZIP	formation annually with the	o filing days and marks.	CITY-	T ADORESS:	ad in Oneile	110 07/01/2 (1-2)	1 E met	ala a a 46		
OF THE COLDONAROUS OF THE FE	supplemental report is true eceiver or trustee empowe	e and accurate and that maked to execute this report a sall other like empowered.	y signati is require	ira chall ha	ava tha cama	119.07(3)(i), Florida Statutes legal effect as if made unde da Statutes; and that my na	r oath; that I am me appears in B	an officer of lock 11 or 6	or director Block 12 if	•

4/22/02