

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90129 034 ***150.00

00000000 AT

DOCUMENT # P01000111767
 1. Entity Name
ANTHONY & MELY, CORP.

Principal Place of Business Mailing Address
4690 NW 183 ST STE E **4690 NW 183 ST STE E**
MIAMI FL 33055-3054 **MIAMI FL 33055-3054**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
N/A *N/A*

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-1157189 Not Applicable
 5. Certificate of Status-Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CAJELI, LUIS A
4690 NW 183 ST STE E
MIAMI FL 33055-3054

7. Name and Address of New Registered Agent
 Name *N/A*
 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 *N/A* DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$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 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	CAJELI, LUIS A
STREET ADDRESS	4690 NW 183 ST STE E
CITY-ST-ZIP	MIAMI FL 33055-3054
TITLE	V <input type="checkbox"/> Delete
NAME	CAJELI, EMELANIA
STREET ADDRESS	4690 NW 183 ST STE E
CITY-ST-ZIP	MIAMI FL 33055-3054
TITLE	<i>N/A</i> <input type="checkbox"/> Delete
NAME	<i>N/A</i>
STREET ADDRESS	<i>N/A</i>
CITY-ST-ZIP	<i>N/A</i>
TITLE	<i>N/A</i> <input type="checkbox"/> Delete
NAME	<i>N/A</i>
STREET ADDRESS	<i>N/A</i>
CITY-ST-ZIP	<i>N/A</i>
TITLE	<i>N/A</i> <input type="checkbox"/> Delete
NAME	<i>N/A</i>
STREET ADDRESS	<i>N/A</i>
CITY-ST-ZIP	<i>N/A</i>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>N/A</i>
STREET ADDRESS	<i>N/A</i>
CITY-ST-ZIP	<i>N/A</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>N/A</i>
STREET ADDRESS	<i>N/A</i>
CITY-ST-ZIP	<i>N/A</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>N/A</i>
STREET ADDRESS	<i>N/A</i>
CITY-ST-ZIP	<i>N/A</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>N/A</i>
STREET ADDRESS	<i>N/A</i>
CITY-ST-ZIP	<i>N/A</i>

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 607, 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: *Luis Cajeli* (REQUIRED CAJELI) 02-07-02

CR2E034 (9/01)