

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUL 24 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000052767

1. Entity Name

mel and mac Enterprises, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
238 Wilshire Blvd

3. Mailing Address

Suite, Apt. #, etc.
149

Suite, Apt. #, etc.

City & State
Casselberry, FL

City & State

4. FEI Number
14-1878588

Applied For
Not Applicable

Zip
32707

Country
SEMIWOLE

Zip

Country

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

DO NOT WRITE IN THIS SPACE

03

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RAVIKUMAR K.N. MELETHU

Street Address (P.O. Box Number is Not Acceptable)
~~238 Wilshire Blvd~~

Suite # 149

City
CASSELBERRY

FL

Zip Code
32707

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT RAVIKUMAR K.N. MELETHU 238 WILSHIRE BLVD. # 149 CASSELBERRY, FL 32707	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400021760774 07/24/03--01020--004 **550.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY/TREASURER CHARITO M. MELETHU 238 WILSHIRE BLVD # 149 CASSELBERRY, FL 32707	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: RaviKumar 8/7/2003, RAVIKUMAR K.N. MELETHU (407) 263-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)