

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

3/2

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90160 033 \*\*\*150.00

**DOCUMENT # P02000079317**

1. Entity Name  
**MELAN GROUP INTERNATIONAL, INC**



Principal Place of Business  
**16221 NW 57 AVENUE  
SUITE 103  
MIAMI FL 33014**

Mailing Address  
**16221 NW 57 AVENUE  
SUITE 103  
MIAMI FL 33014**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number  
**59-3662164**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GBS CONSULTANTS  
1290 WESTON ROAD  
SUITE 306  
WESTON FL 33326**

7. Name and Address of New Registered Agent

Name **Rolando Garcia**

Street Address (P.O. Box Number is Not Acceptable)  
**16221 NW 57 AVE #103**

City **MIAMI** FL Zip Code **33014**

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]* DATE **2/26/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$160.00**  
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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, MARIA A	
STREET ADDRESS	16221 NW 57 AVENUE #103	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, ROLANDO	
STREET ADDRESS	16221 NW 57 AVENUE #103	
CITY-ST-ZIP	MIAMI FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rolando Garcia	
STREET ADDRESS	16221 NW 57 AVE #103	
CITY-ST-ZIP	MIAMI, FL 33014	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIRIA QUINTERO	
STREET ADDRESS	16221 NW 57 AVE #103	
CITY-ST-ZIP	MIAMI, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 provided 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 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 and have been duly 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.

**MELAN GROUP INTERNATIONAL, INC**

SIGNATURE *[Signature]* DATE **2/26/03** DAYTIME PHONE # **305-364-9654**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)