Jul 31, 2003 8:00 am

CR2E034 (4/03)

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

## **Secretary of State** P02000080083 DOCUMENT # 07-31-2003 90069 036 \*\*\*150.00 1. Entity Name MELIAN INTERNATIONAL, INC. Principal Place of Business Mailing Address 10500 TARA DAWN CIRCLE PO BOX 7186 PENSACOLA FL 32534 PENSACOLA FL 32543 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 52 - 2370713 Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_ = Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IZONRITEI, LAURENCE A Street Address (P.O. Box Number is Not Acceptable) 10500 TARA DAWN CIRCLE PENSACOLA FL 32534 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE ☐ Delete TITLE IZONRITEI, LAURENCE A NAME NAME 10500 TARA DAWN CIRCLE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32534 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE IZONRITEI, DAVID NAME NAME 10500 TARA DAWN CIRCLE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32534 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GONZALEZ, ROSE-MARIE NAME NAME 46 AVENUE DU PDT S ALLIENDE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 93100 MONTREUIL FRANCE CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laurence Tzonate EXCONATO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 07/28/03

Date

Daytime Phone #

Attachnienst MELIAN INTERNATIONAL

<u> የ</u>

P.O. Box 7186 Pensacola, FL 32534-0186 Tel: (850) 857-7750 Cell: (850) 723-1648

http://laurenceizon@hotmail.com

90134865 0200080083

07/28/03

Dear Sir,

I, Mrs Laurence Izonritei, President, certifies that our corporation, MELIAN INTERNATIONAL INC., has received this notice for the first time... You will find enclose, a check for an amount of \$ 150.00..

Thank you for waiving the late fee....

Best Regards
Mrs Laurence Izonritei
MELIAN INTERNATIONAL, INC.

Tronpetu