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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/11/2003-90097-016-\$150.00-\$150.00

DOCUMENT # P02000095851 1. Entity Name MYELCO INC						FILED 03 OCT -9 AM 9 15			
Principal Plac 22635 SW 65 BOCA RATOR		Mailing Address 22635 SW 65 WAY BOCA RATON FL 3342				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address			T SORRIDAR HIT DANIE WELL OF THE BERN BOTH POLICE LEVEL CHIEF CHIEF CHIEF THE FROM			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State	City & State			4. FEI Number # 16-1681.490		pplied For ot Applicable	
Zip	Country	Zip ·	ip · Country			5. Certificate of Status Desired	\$8.75 Ad	ditional	
	6. Name and Address of Cu	urrent Registered Agent		Ĭ	7	7. Name and Address of New Registered	<u>`</u> _		
. See Land	المراجعة المستحدث المستحدث	وه المنشعة السمياليون الأوا	 	Name	Name				
SULLIVAN, JOHN L JR 22635 SW 65 WAY				Street Address (P.O. Box Number is Not Acceptable)					
	TON FL 33428	·	-						
				City		FL	Zip Cod	ie .	
the obligat	Signature, if pod or printed name of registere	od agent and title if applicable. (NC		ed office or (203.		
& After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State						Selection Campaign Financing Trust Fund Contribution.		O May Be d to Fees	
10,		AND DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	IS IN 11	
TITLE			TITL	- 1			Change	☐ Addition	
NAME CIRCIA ADDOCAD	Christina Rigutto		•	NAME CYRCY ADDRESS				1	
STREET ADDRESS CITY-ST-ZIP	17-ST-ZIP BOCO RATON FL 33428			STREET ADDRESS CITY-ST-ZIP		-			
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46 15 1									

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:

SIGNATURE REQUIRED SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE AND TYPED ON PRINTED NAME OF SIGNANG OFFICER ON DIRECTOR

-10/7/03 561-445-093

Christina Rigutto

attachment # 20147335 10: Horido Defartuel Thousion of Corporations San hisputing for a fee of \$400.00 for a lote filing for my comporation. It with the I. L. S for may lax ID. #.

There has been to octuarty for my corporation. I also did not necion my prior notice stating that I had to file with the state of Horida. I'm enclosing the original \$150.00 pling fee as instructed. Thank you. Joh Sull / Myelco Inc. Oc# POR000095851.