## **2003 FOR PROFIT CORPORATION**

**UNIFORM BUSINESS REPORT (UBR)** 

**DOCUMENT #** 

P02000108329

577 PENTA GROUP

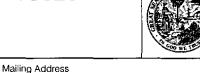
WESTON FL 33327

1. Entity Name MEVE GROUP, INC.

Principal Place of Business

577 PENTA GROUP

WESTON FL 33327



**FILED** Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90169 020 \*\*\*150.00



2. Principal Place of Business		3. Mailing Address  MENE BROP INC.		.
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. (SOX 573)		CHECK HERE IF MAKING CHANGES
City & State		City & State HALLANDAIE FI.		4. FEI Number S1-0430984 Applied For Not Applicable
Zip	Country	33008	Country	Certificate of Status Desired
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent
MEJIA, CARLOS M			Name	
577 PENTA GROUP			Street Addres	S (P.O. Box Number is Not Acceptable)
WESTON				
HEOTON	1 6 33327			
			City	FL Zip Code
	ions of registered agent.		registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept  .  DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEJIA, CARLOS M 577 PENTA GROUP WESTON FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition }
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VELEZ, JUAN G 577 PENTA GROUP WESTON FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP^ *	VD VELEZ, GLORIA S 577 PENTA GROUP WESTON FL 33327	Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-2IP	☐ Change ☐ Addition
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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:** 

Daytime Phone #