2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P94000012059

1. Entity Name

DOCTOR MELANIE, INC.



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90162 013 ***150.00

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Principal Place of Business 940 ORCHID LANE GULF STREAM FL 33483		Mailing Address 940 ORCHID LANE GULF STREAM FL 33483			
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2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State		City & State		4 EEIAharhari	
71-				4. FEI Number 65-0468030 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Curren	t Registered Agent		Fee Required 7. Name and Address of New Registered Agent	
BAZARTE, MELANIE			Name		
940 ORCHID LANE			Street Add	ess (P.O. Box Number is Not Acceptable)	
GULF ST	TREAM FL 33483				
	3		City		
The above named entity submits this statement for the purpose of changing its registers the obligations of registered agent.				FL Zip Code	
the obliga	ations of registered agent.	or the perpose of changing its	registered office of reg	pistered agent, or both, in the State of Florida. I am familiar with, and accept	
SIĞNATURE					
<u>8</u>	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signature re	quired when reinstating) DATE	
ا گو Δfte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003. Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Re	
Make Chec	k Payable to Florida Department of	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE:,	D BAZADTE AAELAAUE	☐ Delete	TITLE	Change Addition	
name" Street address	BAZARTE, MELANIE 940 ORCHID LANE		NAME		
CITY-ST-ZIP	GULF STREAM FL 33483		STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
NAME Street address			NAME	☐ Change ☐ Addition ☐ È	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
TITLE		- Delete ~	TITLE		
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TREET ADDRESS			STREET ADDRESS		
ITLE			CITY-ST-ZIP		
AME		☐ Delete	TITLE NAME	☐ Change ☐ Addition	
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TLE		☐ Delete	TITLE	☐ Change ☐ Addition	
ame Freet address			NAME	, same	
TY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TLE		☐ Delete	TITLE		
AME			NAME	Change Addition	
REET ADDRESS			STREET ADDRESS	,	

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 AND TYPED OR PRINTED NAME OF

Daytime Phone #