

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000057838

1. Entity Name

MELRICH ENTERPRISES, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90026 021 ***150.00

Principal Place of Business

Mailing Address

~~4684 NW 103 AVE.~~
~~SUNRISE FL 33351~~

~~4684 NW 103 AVE~~
~~SUNRISE FL 33351-7965~~

2. Principal Place of Business

11415 NW 49 DRIVE

3. Mailing Address

11415 NW 49 DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33076

Country

Zip

33076

Country

4. FEI Number

65-0509605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERZFELD, RICHARD
~~4684 NW 103 AVE~~
~~SUNRISE FL 33351~~

Name

Street Address (P.O. Box Number is Not Acceptable)

11415 NW 49 DRIVE

City

CORAL SPRINGS

FL

Zip Code

33076

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HERZFELD, RICHARD
STREET ADDRESS 4684 NW 103 AVE
CITY-ST-ZIP SUNRISE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11415 NW 49 DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)