

2002 UNIFORM BUSINESS REPORT (UBR)

0086539 AV

DOCUMENT # P95000025685

1. Entity Name
MELILLI TILE & STONE, INC.

FILED
02 NOV 21 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5440 GRAND PALM CIRCLE
DELRAY BEACH FL 33484

Mailing Address
5440 GRAND PALM CIRCLE
DELRAY BEACH FL 33484

2. Principal Place of Business
5440 GRAND PALM CIRCLE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
DELRAY BEACH FL

City & State
DELRAY BEACH FL

Zip
33484

Country
FLORIDA

Zip
33484

Country
FLORIDA

4. FEI Number
65-0576391

Applied For
Not Applicable

5. Certificate of Status Desired
X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MELILLI, JOHN
5440 GRAND PALM CIRCLE
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent
Name
N/A
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____
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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD MELILLI, JOHN 5440 GRAND PALM CIRCLE DELRAY BEACH FL 33484	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	500009146015 11/21/02--01022--014 **758.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 02	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ 11/19/02 561-637-8321

CR2E034 (4/02)

Charter Number Only

VALIDATION ONLY

Requestor's Name
Address
City State ZIP Phone

CORPORATION(S) NAME

Meilli Title &
Stone INC.

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02 NOV 21 AM 10:03
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- ☐ Profit ☐ NonProfit ☐ Amendment ☐ Merger
☐ Foreign ☐ Dissolution ☐ Mark
☐ Limited Partnership ☐ Annual Report ☒ Other UBR
☐ Reinstatement ☐ Reservation ☐ Change of Registered Agent
☐ Certified Copy ☐ Photo Copies ☐ Certificate Under Seal
☐ Call When Ready ☐ Call If Problem ☐ After 4:30
☒ Walk In ☐ Will Wait ☒ Pick Up ☐ Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier



Empire Toll Free: 1-800-432-3028