

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039378

1. Entity Name

MEJIAS & ASSOCIATES COORDINATION SERVICES, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91319 046 ***158.75

Principal Place of Business

1175 N.E. 125TH ST.
307
MIAMI FL 33161
US

Mailing Address

1175 N.E. 125TH ST.
307
MIAMI FL 33161
US

LUU000003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12555 Biscayne Blvd
Suite, Apt. #, etc.
717

3. Mailing Address

12555 Biscayne Blvd
Suite, Apt. #, etc.
717

City & State

Miami FL

City & State

Miami FL

4. FEI Number 65-0582790

Applied For
Not Applicable

Zip

33181

Country

Dade

Zip

33181

Country

Dade

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEJIAS, FRANCES
1175 N.E. 125TH ST.
SUITE 310
MIAMI FL 33161

7. Name and Address of New Registered Agent

Name Frances Mejias
Street Address (P.O. Box Number is Not Acceptable)
10675 NE 11th
City Miami
FL 33138

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

Frances Mejias

5/1/01

(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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEJIAS, FRANCES	
STREET ADDRESS	1175 NE 125TH ST SUITE 213	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

5/1/01

Date

Daytime Phone #

CR2E034 (10/00)