

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060036

1. Entity Name
M. MELO CORP.

Principal Place of Business
**3425 COLLINS AVENUE, SUITE C-3
MIAMI BEACH FL 33140**

Mailing Address
**3425 COLLINS AVENUE, SUITE C-3
MIAMI BEACH FL 33140**

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0599406**

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

**DA CUNHA MELD, MERCEDES
3425 COLLINS AVE., STE C-3
MIAMI BEACH FL 33140**

Name **AMERI LAWYER**

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

343 ALMENA AVE.

City **CORAL GABLES**

FL

Zip Code **33134**

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

(NOTE: Registered Agent signature required when reinstating)

04/27/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **DA CUNHA MELO, MERCEDES**
STREET ADDRESS **3425 COLLINS AVENUE, SUITE C-3**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

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

TITLE ☐ Delete
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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: **EDSON L. BOMPEIXE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/27/01 (305)673.8302

CR2E034 (10/00)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90214 031 ***150.00



DO NOT WRITE IN THIS SPACE