## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 12, 2001 8:00 am Secretary of State DOCUMENT # P95000074588 1. Entity Name MELANIA CORPORATION 05-12-2001 90026 043 \*\*\*150.00 Principal Place of Business Mailing Address 1578 N.W. 15 STREET 1578 N.W. 15 STREET UUU62708 MIAMI FL 33125 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0609877 Not Applicable Zip Country **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NUNEZ, ANA D Street Address (P.O. Box Number is Not Acceptable) 1578 NW 15TH ST RD **MIAMI FL 33125** City Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 **53.00** May Be Added to Fees 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Make Check Payable to Department of State (See criteria on back) DIRECTORS IN 11 ADDITIONS/CHANGES TO OFFICERS A OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition TITI F **PVST** Delete TITLE NAME NAME NUNEZ, ANA D STREET ADDRESS STREET ADDRESS 1578 NW 15TH ST RD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 ☐ Addition Delete TITLE TITLE NAME NAME NUNEZ, ANA D STREET ADDRESS STREET ADDRESS -1578 NW :15TH :ST-RD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33125 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 attachme with an address, with all other like empowered

SIGNATURE:

CITY-ST-ZIP

Ana D. Nunez