

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **195000074748**
1. Entity Name
MEHANA, INC.



FILED

03 MAR 18 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6900 SW 88 ST
Suite, Apt. #, etc.
A203
City & State
MIAMI FL 33156
Zip
33156 Country
US

3. Mailing Address
6900 SW 88 ST
Suite, Apt. #, etc.
A203
City & State
MIAMI FL 33156
Zip
33156 Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0673365
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ABRAHAM, LILIAN
Street Address (P.O. Box Number is Not Acceptable)
6900 SW 88 ST
City
MIAMI FL Zip Code
33156

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MEHANA ATIF 6900 SW 88 ST, A203 MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300014309223 03/18/03--01011--007 **150.00
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **ALF F MEHANA** **3/12/03 305 371 77 94**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)