2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 14, 2000 8:00 am Secretary of State DOCUMENT # P95000091824 MELI, INC. 04-14-2000 90026 047 ***150.00 Mailing Address Principal Place of Business 1031 BLOUNT RD 1831 BLOUNT RD POMPANO BEACH FL 33069-5106 BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0637054 Not Applicable \$8.75 Additional Zip Country 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 MELI, RICHARD Street Address (P.O. Box Number is Not Acceptable) **2515 NE 7 PLACE** FORT LAUDERDALE FL 33304 Zip Code City FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete TITLE MELI. RICHARD NAME NAME STREET ADDRESS STREET ADDRESS **2515 NE 7 PLACE** CITY-ST-ZIP CITY-ST-ZIP ft lauderdale fl Addition ☐ Change ☐ Delete TITLE TITLE MELI, PAUL I III NAME NAME STREET ADDRESS STREET ADDRESS 4 CAYUGA LN CITY-ST-ZIP CITY-ST-ZIP SEA RANCH LAKS FL 33308 --- Change - Addition ☐ Delete TITLE 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 CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE 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 CITY-ST-ZIE 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.