

# 2002 UNIFORM BUSINESS REPORT (UBR)

034 346 AV


**DOCUMENT # P96000020616**

**1. Entity Name**  
**MELENA DEL SUR MANAGEMENT COMPANY**

<b>Principal Place of Business</b> ONE NORTH CLEMATIS ST., 2ND FLOOR WEST PALM BEACH FL 33401	<b>Mailing Address</b> ONE NORTH CLEMATIS ST., 2ND FLOOR WEST PALM BEACH FL 33401
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. Box 3435	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State West Palm Beach FL	
Zip	Country	Zip	Country
33401		33402	Palm Beach

**FILED**  
**02 MAR -1 AM 11:35**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
KLOCK, JOSEPH P JR 200 S. BISCAYNE BLVD., 41ST FLOOR MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FANJUL, JOSE F ONE NORTH CLEMATIS ST., 2ND FLOOR WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200005073602--2 -03/08/02--01065--002 ****600.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLOCK, JOSEPH P JR 200 S. BISCAYNE BLVD., 41ST FL MIAMI FL 33131-2398 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FANJUL DE AZQUETA, LILLIAN M ONE NORTH CLEMATIS ST., 2ND FLOOR WEST PALM BEACH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** \_\_\_\_\_ **2877**  
**2/6/02 305/577-7000**  
**Date Daytime Phone #**

CR2E034 (9/01)