

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State
 01-30-2001 90157 037 ***150.00

DOCUMENT # P96000089817

1. Entity Name

MELAURA STEIN, INC.

Principal Place of Business

**20185 E COUNTRY CLUB DRIVE STE 302
 AVENTURA FL 33180**

Mailing Address

**20185 E COUNTRY CLUB DRIVE STE 302
 AVENTURA FL 33180**

2. Principal Place of Business

**20185 E Country Club Dr
 Suite, Apt. #, etc.
 #1506**

3. Mailing Address

**20185 E Country Club Dr
 Suite, Apt. #, etc.
 #1506**

City & State

Aventura FL

City & State

Aventura FL 33180

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

65-0707413

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MARKS, FRANK M
 2701 SW 3RD AVENUE
 MIAMI FL 33129**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **D** ☐ Delete
 NAME **STEIN, MELAURA**
 STREET ADDRESS **20185 E COUNTRY CLUB DRIVE STE 302**
 CITY-ST-ZIP **AVENTURA FL 33180** ¹⁵⁰⁶

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/21/01

Date

305 9358980

Daytime Phone #

CR2E034 (10/00)