

P97000008948

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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To:

Division of Corporations  
Fax Number : (850) 922-4000

From:

Account Name : NOGA CONTRACTORS, INC.  
Account Number : 105670003336  
Phone : (305) 556-4282  
Fax Number : (305) 821-3376

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

MELROSE HOMES, INC.

Certificate of Status	0
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7-15-99 DC

RECEIVED: 7 12 99 3:11PM (850) 487-6880 -> NOGA BUILDERS INC; #1  
07/12/99 15:11 F1 Dept of State 01 /1



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 12, 1999

MELROSE HOMES, INC.  
2189 WEST 60 STREET  
SUITE 205  
HIALEAH, FL 33016

SUBJECT: MELROSE HOMES, INC.  
REF: P97000008948

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE DATE OF INCORPORATION IN #3 SHOULD BE 1/29/1997.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson  
Corporate Specialist

FAX Aud. #: H99000016380  
Letter Number: 799A00035831

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

RECEIVED: / 8 99: 4:58PM; (850)487-8013 NOGA BUILDERS INC: A1  
.550)487-8013 07/09/99 16:58 FL Dept of State p1 /1



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 9, 1999

MELROSE HOMES, INC.  
901 PONCE DE LEON BLVD.  
SUITE 701  
CORAL GABLES, FL 33134

SUBJECT: MELROSE HOMES, INC.  
REF: P97000008948

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE ADD THE COMMA TO THE CORPORATE NAME.

THE DATE OF INCORPORATION IN #3 SHOULD BE 01/29/97.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6880.

Karen Gibson  
Corporate Specialist

FAX Aud. #: H99000016380  
Letter Number: 499A00035698

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: MELROSE HOMES, INC.

2. The mailing address of the corporation is: 2189 WEST 60th STREET SUITE 205

HIALEAH, FLORIDA 33016

3. Date of incorporation/qualification: 01/29/97 Document number: P97000008948

4. The name and address of the current registered agent and office:

FRANK J SEGREGO, ESQ.

901 PONCE DE LEON BLVD. SUITE 701

CORAL GABLES, FLORIDA 33134

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

JOSE E. FANO

2189 WEST 60 STREET SUITE 205

HIALEAH, FLORIDA 33016

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board)

07/09/99

(Date)

JOSE E. FANO, VICE PRESIDENT

(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

07/09/99

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***

CR2E045(7/97)

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL 32314

Prepared by: Tania Fano

2189 W. 60 St. #205

H99000016380 0

Hialeah, FL 33016(305) 556-4282