

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014093

1. Entity Name
MELROSE MANOR, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90026 029 ***158.75

Principal Place of Business
708 S.W. 44 AVENUE
PLANTATION FL 33317

Mailing Address
708 S.W. 44 AVENUE
PLANTATION FL 33317

2. Principal Place of Business
241 SW 38th Terrace
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Ft. Lauderdale FL.

City & State

4. FEI Number 65-0739518

Applied For
Not Applicable

Zip 33312 Country BROWARD

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRONCHIK, KENNETH C ESQ
100 W CYPRESS CREEK ROAD
SUITE 910
FT. LAUDERDALE FL 33309

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PTD MATADEAN, SAMDAI 708 S.W. 44 AVENUE PLANTATION FL 33317 ☒ Delete *Deceased*

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT PATRICIA TATE 708 SW 44th AVE PLANTATION FL 33317 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VSD MATADEAN, RAMDAS 708 S.W. 44 AVENUE PLANTATION FL 33317 ☒ Delete *Deceased*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: *Patricia Tate* PATRICIA TATE

3.15.01

954 583 2144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)