

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091583

1. Entity Name

MELLEX MARKETING GROUP, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90005 040 ***150.00

Principal Place of Business

750 COCO PLUM CIR. #1
PLANTATION FL 33324

Mailing Address

750 COCO PLUM CIR. #1
PLANTATION FL 33324-3746

2. Principal Place of Business

9780 SW 1ST St.
Suite, Apt. #, etc.

3. Mailing Address

9780 SW 1ST St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Plantation, FL
Zip 33324 Country USA

City & State
Plantation FL
Zip 33324 Country USA

4. FEI Number

65-0794692

Applied For

Not Applicable

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

LEVINE, MELANIE
750 COCO PLUM CIR. #1
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Applicable)

9780 SW 1ST Street

City

Plantation

FL

Zip Code

33324

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 reinstalling)

DATE

4/7/00

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, 2000 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	CP	<input type="checkbox"/> Delete
NAME	LEVINE, MELANIE J	
STREET ADDRESS	750 COCO PLUM CIRCLE #1	
CITY-ST-ZIP	PLANTATION FL 33326	
TITLE	CP	<input type="checkbox"/> Delete
NAME	LEVINE, ALEXANDER N	
STREET ADDRESS	750 COCO PLUM CIR #1	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9780 SW 1ST Street	
CITY-ST-ZIP	Plantation, FL 33324	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9780 SW 1ST Street	
CITY-ST-ZIP	Plantation, FL 33324	
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

MELANIE LEVINE President 4/7/00

Date

Daytime Phone #

CR2E034 (9/99)