

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091583

1. Entity Name

MELLEX MARKETING GROUP, INC.

FILED

Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90206 006 ***150.00

Principal Place of Business

9780 SW 1ST ST
PLANTATION FL 33324

Mailing Address

9780 SW 1ST ST
PLANTATION FL 33324

2. Principal Place of Business

4634 N. University Dr
Suite, Apt. #, etc.

3. Mailing Address

4634 N. University Dr
Suite, Apt. #, etc.

City & State
Plantation Landershill FL

City & State
Landershill FL

Zip
33351

Country
USA

Zip
33351

Country
USA



DO NOT WRITE IN THIS SPACE

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

LEVINE, MELANIE
9780 SW 1ST STREET
PLANTATION FL 33324

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	CP	<input type="checkbox"/> Delete
NAME	LEVINE, MELANIE J	
STREET ADDRESS	9780 SW 1ST ST	
CITY-ST-ZIP	PLANTATION FL 33326	
TITLE	CP	<input type="checkbox"/> Delete
NAME	LEVINE, ALEXANDER N	
STREET ADDRESS	9780 SW 1ST STREET	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

2/6/01 954 748 5550

CR2E034 (10/00)