

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091583

Entity Name  
MELLEX MARKETING GROUP, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90123 023 \*\*\*150.00

Principal Place of Business

634 N. UNIVERSITY DR.  
LAUDERHILL FL 33351

Mailing Address

4634 N. UNIVERSITY DR.  
LAUDERHILL FL 33351  
US



Principal Place of Business

4588 N. University  
Suite, Apt. #, etc.

3. Mailing Address

4588 N. University DR  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAUDERHILL FL  
33351 Broward

City & State

LAUDERHILL FL  
33351 Broward

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

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 not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
FILE NAME	CP LEVINE, MELANIE J 9780 SW 1ST ST PLANTATION FL 33326	TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
FILE NAME	CP LEVINE, ALEXANDER N 9780 SW 1ST STREET PLANTATION FL 33324	TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
FILE NAME	DR. VICE President DAVID LEUTENDYCK 5712 NW 65 WAY TAMARAC FL 33321	TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
FILE NAME	ASSISTANT VICE President KRISTINE BAYER 1134 1/2 NORTH HUNTERLAND CT WELLINGTON FL 33414	TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
FILE NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
FILE NAME		TITLE	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

3. 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 REQUIRED

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)