

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90066 046 ***150.00

DOCUMENT # P97000091583

1. Entity Name

MELLEX MARKETING GROUP, INC.



Principal Place of Business

4588 N. UNIVERSITY
LAUDERHILL FL 33351
US

Mailing Address

4588 N. UNIVERSITY
LAUDERHILL FL 33351
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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
9780 SW 1ST STREET
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME LEVINE, MELANIE J
STREET ADDRESS 9780 SW 1ST ST
CITY-ST-ZIP PLANTATION FL 33326 ☐ Delete

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

TITLE CP
NAME LEVINE, ALEXANDER N
STREET ADDRESS 9780 SW 1ST STREET
CITY-ST-ZIP PLANTATION FL 33324 ☐ Delete

TITLE VICE PRESIDENT
NAME ALEXANDER N. LEVINE
STREET ADDRESS 9780 SW 1ST
CITY-ST-ZIP PLANTATION FL 33324 ☒ Change ☐ Addition

TITLE SVP
NAME LEUTENBERRY, DAVID
STREET ADDRESS 5712 NW 65 WAY
CITY-ST-ZIP FORT LAUDERDALE FL 33321 ☒ Delete

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

TITLE AVP
NAME BAYER, KRISTINA
STREET ADDRESS 1134 NORTHUMBERLAND CT
CITY-ST-ZIP WELLINGTON FL 33414 ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

2. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/03 9547485550

CR2E034 (10/02)