

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91351 009 ***158.75

DOCUMENT # **P97000096753**

1. Entity Name

JULIO M. MELENDEZ PROFESSIONAL ASSOCIATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2036 PINE TERRACE

3. Mailing Address

3223 N. LOCKWOOD RIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#198

City & State

SARASOTA, FL

City & State

SARASOTA, FL.

4. FEI Number

65-0790331

Applied For

Not Applicable

Zip

34231

Country

SARASOTA

Zip

34234

Country

SARASOTA

5. Certificate of Status Desired



\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

HERMAN PINTZOW

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

3223 N. LOCKWOOD RIDGE RD. #198

City

SARASOTA

FL

Zip Code
34234

DO NOT WRITE IN THIS SPACE

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

Herman Pintzow

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

(NOTE: Registered Agent signature required when reinstating)

4-30-02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PSTTD MELENDEZ, JULIO M.

NAME

STREET ADDRESS

3381

CITY-ST-ZIP

TITLE

D HERMAN PINTZOW

NAME

STREET ADDRESS

3223 N. LOCKWOOD RIDGE RD #198

CITY-ST-ZIP

SARASOTA, FL. 34234

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

2036 PINE TERRACE

SARASOTA, FL. 34231

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Herman Pintzow HERMAN PINTZOW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

Daytime Phone #

941-351-7572

CR2E034B (12/01)