FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90020 046 ***150.00

DOCUMENT # P97000096753

1. Entity Name
JULIO M. MELENDEZ P. A.

DO NOT WRITE IN THIS SPACE

54061355

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3990 ORIGAMI LN	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State:
Zip: 34235 / Country: SARASOTA	Zip: / Country:

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**

Name: JULIO MELENDEZ
Street Address (P.O. Box Number is Not Acceptable): 3990 ORIGAMI LN
City: SARASOTA **FL** Zip Code: 34235

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	V. P
NAME	SHERYL MELENDEZ
STREET ADDRESS	3990 ORIGAMI LN
CITY-ST-ZIP	SARASOTA FL 34235
TITLE	PRES
NAME	JULIO MELENDEZ
STREET ADDRESS	3990 ORIGAMI LN
CITY-ST-ZIP	SARASOTA FL 34235
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

P06135

MR/MRS. #P97000096233 Jul-6-04.

DIVISION OF CORPORATIONS - FLORIDA. USA.

I HAVE BEEN TRAYING TO DO ALL MAY MAIL IN TIME; BUT CIRCUNSTANCES IN MY LIFE PUSH ME TO MOVE 2TIMES IN THE LAST 6 MONTHS; SO, I DID ~~lose~~ loose A lots OF MAILING. PLEASE NOTICE MY LAST NEW ADDRESS, THAT I HOPE CAN KEEP FOR A LONG TIME. "3990 ORIGAMI IN. SARASOTA. FL. 34235.

MY Apologies for the inconvinece. AND pLEASE! Accept my check for. $150.00. To keep my coorporation. IN GOOD STANDARD. WILL BE APPRECIATED.

FOR YOUR UNDERSTANDING. THANK YOU.

If you need to contact me. my cel. # is. (941) 376-4852

Sincerely.

Julio Alcalde