

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000028857

1. Entity Name  
**MESI, INC.**

**FILED**

**01 APR -9 AM 10: 23**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**723542**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**8500 SW 27 TERRACE**      **8500 SW 27 TERRACE**  
**MIAMI FL 33155**      **MIAMI FL 33155**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0915936**      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

**DE LA FUENTE, FRANCISCO**  
**3101 SW 2 STREET**  
**MIAMI FL 33135**

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 \_\_\_\_\_ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<b>D</b>			<input type="checkbox"/>	<input type="checkbox"/>
TITLE	<b>DE LA FUENTE, FRANCISCO</b>	<b>8500 SW 27 TERRACE</b>	<b>MIAMI FL 33155</b>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE				<input type="checkbox"/>	<input type="checkbox"/>
TITLE				<input type="checkbox"/>	<input type="checkbox"/>
TITLE				<input type="checkbox"/>	<input type="checkbox"/>
TITLE				<input type="checkbox"/>	<input type="checkbox"/>
TITLE				<input type="checkbox"/>	<input type="checkbox"/>
TITLE				<input type="checkbox"/>	<input type="checkbox"/>

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

**2-26-01**

Date

Daytime Phone #

CR2E034 (10/00)