

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90002 044 ***150.00

DOCUMENT # P98000044661

1. Entity Name
MEJIA LLANO, INC.

Principal Place of Business
1445 S.W. 122ND AVENUE
#8
MIAMI FL 33184

Mailing Address
1445 S.W. 122ND AVENUE
#8
MIAMI FL 33184

2. Principal Place of Business
1389 SEAGRADE CIR
 Suite, Apt. #, etc.

3. Mailing Address
1389 SEAGRADE CIR
 Suite, Apt. #, etc.

City & State
WGSTON, FLORIDA

City & State
WGSTON, FLORIDA

4. FEI Number **65-0840073**

Applied For
 Not Applicable

Zip **33326** Country **USA**

Zip **33326** Country **USA**

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

MEJIA, RICARDO
1445 S.W. 122ND AVENUE
MIAMI FL 33184

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 **PD**
 NAME **MEJIA, RICARDO**
 STREET ADDRESS **1445 S.W. 122ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33184** ☐ Delete

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

TITLE **TD**
 NAME **LLANO, MARIA L**
 STREET ADDRESS **1445 S.W. 122ND AVENUE**
 CITY-ST-ZIP **MIAMI FL 33184** ☐ 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

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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

04/16/01 **9543855063**
 Date Daytime Phone #

CR2E034 (10/00)