

FOR PROFIT CORPORATION 2601/2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 28 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000062026

1. Entity Name

MENADA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5101 Collins Ave

3. Mailing Address

Suite, Apt. # etc.

SAME

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State

4. FEI Number

69-0850241

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LOUIS ZAREWY

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

555 NE 15th STREET

SUITE 100

City

MIAMI

FL

Zip Code

33132

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

B. Mervelo - B. Mervelo

4/15/02

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
NAME

STREET ADDRESS
CITY-ST-ZIP

PD
MERVELO, HOMERO F
5101 Collins Ave
MIAMI BEACH, FL 33140

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

PD
MERVELO, HOMERO F
5101 Collins Ave
MIAMI BEACH, FL 33140

DELETE

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

VSD
MERVELO, BELINDA
5101 Collins Ave
MIAMI BEACH, FL 33140

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

300006264053--4
-07/08/02--01096--013
****150.00 ****150.00

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

VD P
MERVELO, HOMERO
5101 Collins Ave
MIAMI BEACH, FL 33140

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
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TITLE
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CITY-ST-ZIP

TITLE
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mervelo

4/15/02

(305) 865-1250

CR2E034B (12/01)