

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91337 037 \*\*\*150.00

**DOCUMENT # P98000099228**

1. Entity Name

**MEBCO CORPORATION**

Principal Place of Business

**1610 NW 87 TERRACE  
PLANTATION FL 33322  
US**

Mailing Address

**1610 NW 87 TERRACE  
PLANTATION FL 33322  
US**

**00021093**



2. Principal Place of Business

**67 NW 45 AVE  
206**

3. Mailing Address

**(SAME)**

DO NOT WRITE IN THIS SPACE

**DEERFIELD BEACH, FL.**

City & State

4. FEI Number **11-2687963**

Applied For  
Not Applicable

**33442 BROWARD**

Zip Country

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

6. Name and Address of Current Registered Agent

**SMITH, BARRY  
1610 NW 87 TERR  
PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name **SMITH, BARRY**  
Street Address (P.O. Box Number is Not Acceptable)  
**67 NW 45 AVE. #206**  
City **DEERFIELD BEACH** FL **33442**

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 **BARRY SMITH** DATE **2-26-01**

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

TITLE	PS	<input checked="" type="checkbox"/> Delete
NAME	SMITH, BARRY	
STREET ADDRESS	1610 NW 87TH TERR	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MADELINE	
STREET ADDRESS	169278 ISLE OF PALMS DR	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SMITH, BARRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	67 NW 45TH AVE #206	
STREET ADDRESS	DEERFIELD BEACH, FL. 33442	
CITY-ST-ZIP		
TITLE	SMITH, MADELINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	904 GARDENIA DRIVE	
STREET ADDRESS	DELRAY BEACH, FL. 33483	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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

Date

Daytime Phone #

CR2E034 (10/00)