

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98000104850

1. Entity Name

MEL UNLIMITED, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 JUN 28 PM 1:07

Principal Place of Business

18120 NW 18 St

Pembroke Pines, FL 33029

Mailing Address

18120 NW 18 St

Pembroke Pines, FL 33029

2. Principal Place of Business

The same above 18 St

Suite, Apt. #, etc.

3. Mailing Address

The same above 18 St

Suite, Apt. #, etc.

City & State

Pembroke Pines

City & State

Pembroke Pines

Zip

FL

Country

33029

Zip

FL

Country

33029

4. FEI Number

650803729

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Lourdes Feijoo

18120 NW 18 St

Pembroke Pines, FL 33029

7. Name and Address of New Registered Agent

Name

N/A

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

Lourdes Feijoo President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

06/30/01

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP

~~Lourdes Feijoo~~ President

☐ Delete

Lourdes Feijoo

18120 NW 18 St

Pembroke Pines, FL 33029

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

700004467627--1

-07/10/01--01063--016

\*\*\*\*908.75 \*\*\*\*908.75

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lourdes Feijoo

954-435-2991