

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104971

1. Entity Name

MELLO'S GAMES, CO.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90057 034 ***158.75

Principal Place of Business

Mailing Address

7288 NORTH WEST 54TH STREET
MIAMI FL 33166

7288 NORTH WEST 54TH STREET
MIAMI FL 33166-4808

2. Principal Place of Business

4775 NW 72 Ave

3. Mailing Address

8201 NW 66 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33166 USA

Country

33166 USA

Country

4. FEI Number

65-0884409

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 MELLO VIEIRA, HAYLTON

7288 NORTH WEST 54TH STREET

MIAMI FL 33166

Name

DE MELLO VIEIRA, HAYLTON

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

4775 NW 72 AVENUE

City

MIAMI

FL

Zip Code

33166

8. The above named entity submits this report for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/06/2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME ~~DE MELLO VIEIRA, HAYLTON~~
STREET ADDRESS ~~7288 NORTH WEST 54TH STREET~~
CITY-ST-ZIP ~~MIAMI FL 33166~~

TITLE P V S T D
NAME DE MELLO VIEIRA, HAYLTON
STREET ADDRESS 4775 NW 72 AVENUE
CITY-ST-ZIP MIAMI, FL 33166

TITLE
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HAYLTON DE MELLO VIEIRA 04/06/2000 305-592-3232

CR2E034 (9/99)