

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007682

1. Entity Name

MELNEK CORPORATION

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90134 026 ***150.00

Principal Place of Business

4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228

Mailing Address

4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228-2614

2. Principal Place of Business

2450 S. WOODLAND BLVD.

3. Mailing Address

2450 S. WOODLAND BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND FL

City & State

DELAND

4. FEI Number

65-0892523

Applied For

Not Applicable

Zip

32724

Country

U.S.A

Zip

32724

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, SHAILESH
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name
PATEL, SHAILESH
Street Address (P.O. Box Number is Not Acceptable)
2450 S. WOODLAND BLVD.
City DELAND FL Zip Code 32720

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

01/22/2000

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PATEL, SHAILESH
4124 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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TITLE
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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
PATEL, SHAILESH
2450 S. WOODLAND BLVD
DELAND
FL 32720 ☒ Change ☐ Addition

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

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

TITLE
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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

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 #

01/22/2000 (904) 734 5987