## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000029744 **DOCUMENT #** 

1. Entity Name

MEL DIA CORPORATION



## **FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90394 019 \*\*\*150.00

VIEL DIA O	ON ONATION									
Principal Place 2650 SW-27 AV MIAMI FL 33133	ENUE SUITE 304 GO/- SOUTH	Mailing Address 601 SOUTH SHORE DRIVE MIAMI BEACH FL 33141			<u>.</u>					
2. Principal Pla	ace of Business	3. Mailing Address					BI  E	110 10151 10011 1	161  <b>4</b> 14  104	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Number 65-0868386			<u> </u>	oplied For ot Applicable		
Zip	Country	Zip	Coun	ntry	<b>5.</b> C	Certificate of Status Desired		<b>\$8.75</b> Add Fee Require		
	6. Name and Address of Current R	egistered Agent			7. N	lame and Address of New Rec	gistered A	gent		
	:			Name						
MONTIEL, C	Jose R 4 I Shore Drive 4:	Street Addre			s (P.O. Box Number is Not Acceptable)					
	CH FL 33141									ĺ
	<b>.</b>			City	<u>.</u>	40.	FL	Zip Cod	e	
the obligation	named entity submits this statement for ons of registered agent.	the purpose of changing its r	egister	ed office or registe	red age	ent, or both, in the State of Flori	da. Iam f	amiliar with,	and accept	
SIGNATURE 1	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registere	ed Agent signature require	d when re	instating)	DATE			
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State	***		1	Election Campaign Fina     Trust Fund Contribution.			00 May Be d to Fees	
10.	OFFICERS AND I		11.	<u> </u>	AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	_
TITLE NAME STREET ADDRESS	PD Montiel, Jose R 2 <del>650-SW-27-Avenue Suite 3</del> 04 M <del>iami Fl 331</del> 33	□Delete GO[-SOUTH SHORE HIANI BEACH, B3[4]	5	i				Change	Addition	DE034 (10/02
NAME STREET ADDRESS	SD Montiel, Bertha G 26 <del>50 SW 27 Avenue Suite 304</del> Mi <del>áni fl 3318</del> 3	☐ Delete			•			Change	☐ Addition	S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENBERG, REBECCA (20 26 <del>50 SW 27 AVENUE SUITE 3</del> 04 MIAMLEL 33139	Delete  OLIMIANI BEACT  OLIMIANI  OL	TITI NAM STR	1	·	A CONTRACT	٠,	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete				enderson of the second of the		☐ Change	☐ Addition	~
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete		1				☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling dods 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 empoyered temporary as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an add tells, yith all other line empowered. TOSE R.HONTIEL

SIGNATURE: [

MGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #