

2000 UNIFORM BUSINESS REPORT (UBR)

7/3

FILED
Aug 21, 2000 8:00 am
Secretary of State
07-31-2000 90005 025 ***550.00

DOCUMENT # P99000056000

1. Entity Name
MELQUIADES FORMING, CORP.

Principal Place of Business
11558 SW 7TH STREET
MIAMI FL 33174
14671 SW 50 ST.
Miami, FL 33175

Mailing Address
11558 SW 7TH STREET
MIAMI FL 33174

2. Principal Place of Business
14671 SW 50 St.
Suite, Apt. #, etc.

3. Mailing Address
14671 SW 50 St.
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33175
Country
Dade

City & State
14671 SW 50 St.
Zip
33175
Country
Dade

DO NOT WRITE IN THIS SPACE
4. FEI Number
65-0927576
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
RODRIGUEZ, MELQUIADES
11558 SW 7TH STREET
MIAMI FL 33174
14671 SW 50 St
Miami, FL 33175

7. Name and Address of New Registered Agent
Name
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 7-19-00
Signature of person for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | PD RODRIGUEZ, MELQUIADES 11558 SW 7TH STREET MIAMI FL 33174 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: 7-19-00 (205) 553-5482
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2034 (5/00)