

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063356

1. Entity Name

MEALER ENTERPRISES, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90171 016 ***158.75

Principal Place of Business

Mailing Address

% MARIO R. DELGADO. P.A.
2151 LEJUNE ROAD, SUITE 202
CORAL GABLES FL 33134

% MARIO R. DELGADO. P.A.
2151 LEJUNE ROAD, SUITE 202
CORAL GABLES FL 33134

2. Principal Place of Business

19501 W. St. Andrews Dr

3. Mailing Address

19501 W. St. Andrews Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL 33015

4. FEI Number

65-0933941

Applied For

Not Applicable

Zip

33015

Country

Dade

Zip

33015

Country

Dade

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
MARIO R DELGADO, ESQ
Street Address (P.O. Box Number is Not Acceptable)
2151 LEJUNE ROAD
SUITE 202
City
CORAL GABLES FL Zip Code
33134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MEALER, MARY C
2151 LEJUNE ROAD, SUITE 202
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Mealer, Mary C.
19501 W. St. Andrews Dr
Miami FL 33015 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
MEALER, JOHN T
2151 LEJUNE ROAD, SUITE 202
CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
Mealer John T
19501 W. St. Andrews Dr
Miami FL 33015 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

4-24-00 305 8294840

Date Daytime Phone #

CR2E034 (9/99)