

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

04-18-2001 90264 001 ***300.00

DOCUMENT # P99000077042

1. Entity Name
MELDAVAN, INC.

Principal Place of Business
1717 N BAYSHORE DRIVE. APT. 4047
MIAMI FL 33132

Mailing Address
1717 N BAYSHORE DRIVE. APT. 4047
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**

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

MERKIN, STEWART A ESQ
444 BRICKELL AVENUE SUITE 300
MIAMI FL 33131

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

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

(NOTE: Registered Agent: signature required when re-registering)

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 \$150.00
After MAY 1, 2001: 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 **PD** ☐ Delete
 NAME **GILES, DAVID**
 STREET ADDRESS **1212 N BAYSHORE DR #4047**
 CITY-ST-ZIP **MIAMI FL 33132**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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)(l), 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 807, 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

6/11/01

305 379 7118

DAVID L GILES
PRESIDENT / DIRECTOR

CR2E034 (10/00)

FROM : Stewart A. Merkin, Esq.

PHONE NO. : 305 358 2490

May. 02 2001 03:20PM P1

Form **SS-4****Application for Employer Identification Number**(Rev. April 2000)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) MELDAVAN INC	
	2 Trade name of business (if different from name on line 1) AS ABOVE	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 1717 N. BAYSHORE DRIVE #4047	4b Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code MIAMI FLORIDA 33132	5b City, state, and ZIP code
	6 County and state where principal business is located DADE FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ► DAVID GILES	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|-------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable) |
| <input type="checkbox"/> Other (specify) ► Corporation | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated State **FLORIDA** Foreign country

- 9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ► **Real estate investment**
- ☐ Banking purpose (specify purpose) ►
- ☐ Changed type of organization (specify new type) ►
- ☐ Purchased going business
- ☐ Created a trust (specify type) ►
- ☐ Other (specify) ►
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ►

10 Date business started or acquired (month, day, year) (see instructions) **October 1999**

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) **None**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

14 Principal activity (see instructions) ►

15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box. ☐ Public (retail) ☐ Other (specify) ► ☐ Business (wholesale) ☒ N/A17a Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application. If different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number, if known.

Approximate date when filed (mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(305) 379 7118

Fax telephone number (include area code)

(305) 358 5481Name and title (Please type or print clearly.) ► **DAVID GILES PRESIDENT**Signature ► **David A. Giles** Date ► **5/3/2001**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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Please fax FEI No. ASAP.