

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90008 037 ***150.00

DOCUMENT# P99000085442

1. Entity Name

MELBO, INC.

Principal Place of Business

Mailing Address

8061 W. MCNAB RD.
TAMARAC FL 33321

8061 W. MCNAB RD.
TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0948711

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBERTS, MELANN
8061 W. MCNAB RD.
TAMARAC FL 33321

Name

NANCY HELMAN

Street Address (P.O. Box Number is Not Acceptable)

208 ALEXANDRA WOODS DR

City

DEBARY

FL

Zip Code

32713

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

Nancy Helman

Signature, typed or 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 \$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 ☐ Delete
NAME D
STREET ADDRESS HELMAN, IRA
CITY-ST-ZIP 8061 W. MCNAB RD.
TAMARAC FL 33321

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 208 ALEXANDRA WOODS DR
CITY-ST-ZIP DEBARY, FL 32713

TITLE ☐ Delete
NAME D
STREET ADDRESS HELMAN, NANCY
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS HELMAN, NANCY
CITY-ST-ZIP 208 ALEXANDRA WOODS DR
DEBARY, FL 32713

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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

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:

Nancy Helman NANCY HELMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/01

Date

(407) 753-1688

Daytime Phone #

CR2E034 (10/00)