2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jul 20, 2000 8:00 am Secretary of State DOCUMENT # P99000086918 1. Entity Name MELISSA L. BARBER, INC. 07-20-2000 90019 017 ***150.00 Principal Place of Business Mailing Address 5310 NW 33RD AVE., STE, 219 5310 NW 33RD AVE., STE, 219 FT. LAUDERDALE FL 33309 FT: LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0953079 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name BATCHELDER, DRAKE M_ Street Address (P.O. Box Number is Not Acceptable) 450 E. LAS OLAS BLVD., STE. 950 FT. LAUDERDALE FL 33301 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) . Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition n TITLE Delete BARBER, MELISSA L NAME NAME 5310 NW 33RD AVE., STE. 219 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP Change Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F ☐ Delete TITL E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiper 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 attachner with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

MINCOVIRED

☐ Delete

7.5.00

954.731.0000

☐ Change

☐ Addition

Daytime Phone #

Melissa L. Barber, Inc.

5310 N.W. 33rd Avenue • Suite 219 • Fort Lauderdale, Florida 33309 • (954) 731-0666 • Fax (954) 731-5699

Dw12884 Attachment P99000086918

July 7, 2000

Division of Corporations Uniform Business Report Filings P.O.-Box 1500-Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find my 2000 Uniform Business Report along with a check in the amount of \$150.00 made payable to the Department of State. Please note, I would like to go on record and state that this is the first time I am filing a Uniform Business Report. This is a new corporation and I was not aware of filing this return and due date. I never received a report prior to July, 2000. I currently share office space at 5310 N.W. 33rd Avenue, Suite 219 and this could be the reason why it may have been inadvertently lost or misplaced. I will make sure that in the future this is filed in a timely manner.

I respectfully request the abatement of the \$400.00 penalty.

Thank you.

Very Truly Yours,

Meliksa L. Barbe**t, F**resident

MLB/as

Enclosures