

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90879 021 ***150.00

DOCUMENT # P99000087921

1. Entity Name
MECK CORPORATION

Principal Place of Business 11740 SW 19TH STREET MIRAMAR FL 33025	Mailing Address 11740 SW 19TH STREET MIRAMAR FL 33025-5612
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2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **S94 37 0922** 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

NORMAN, ESTEBAN J
 11740 SW 19TH STREET
 MIRAMAR FL 33025

Name **Alejandro Martel / Corina Martel**
 Street Address (P.O. Box Number is Not Acceptable)
S959 NW 37 st Apt 228
 City **Miami** FL Zip Code **33166**

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 *eln* **Esteban Norman (President)** DATE **4/28/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President <input type="checkbox"/> Delete NORMAN, ESTEBAN J 11740 SW 19TH STREET MIRAMAR FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice Presiden <input type="checkbox"/> Delete NORMAN, KIUTY S 11740 SW 19TH STREET MIRAMAR FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alejandro Martel (Vice President) <input type="checkbox"/> Delete S959 NW 37st Apt 228 Miami, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corina Martel (Vice-President) <input type="checkbox"/> Delete S959 NW 37 st Apt 228 Miami, FL 33166
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
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
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

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: *eln* **Esteban Norman (President)** DATE **4/28/00** (954) 441-0499
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (9/99)