

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90219 002 ***150.00

00005133

DO NOT WRITE IN THIS SPACE

DOCUMENT # **1. Entity Name**
P99000108968
Melo Construction Services, Inc.

Principal Place of Business **Mailing Address**
3001 NW 4th Ter **3001 NW 4th Ter**
Pompano Beach - FL 33064 **Pompano Beach - FL**
33064

2. Principal Place of Business **3. Mailing Address**
3324 Quail Close **3324 Quail Close**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**
Pompano Beach-FL **Pompano Beach-FL**
Zip **Country** **Zip** **Country**
33064 **USA** **33064** **USA**

6. Name and Address of Current Registered Agent
Melo, Jorge
3001 NW 4th Ter
Pompano Beach-FL 33064

4. FEI Number **Applied For** ☒ **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
Name **Melo, Jorge**
Street Address (P.O. Box Number is Not Acceptable) **3324 Quail Close**
City **Pompano Beach FL** **Zip Code** **33064**

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 **6/2/00**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTDV <input type="checkbox"/> Delete	TITLE	PSTDV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melo, Jorge	NAME	Melo, Jorge
STREET ADDRESS	3324 Quail Close	STREET ADDRESS	3324 Quail Close
CITY-ST-ZIP	Pompano Beach-FL 33064	CITY-ST-ZIP	Pompano Beach-FL 33064
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		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 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: **06/02/00** **954-786-7180**
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)