

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20558

1. Entity Name  
MELFOR, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**  
04-12-2000 90077 019 \*\*\*150.00

Principal Place of Business  
340 ROYAL POINCIANA WAY  
SUITE 316  
PALM BEACH FL 33480

Mailing Address  
340 ROYAL POINCIANA WAY  
SUITE 316  
PALM BEACH FL 33480-4096

832932



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0234539		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CARSON, DONALD W 340 ROYAL POINCIANA WAY SUITE 316 PALM BEACH FL 33480				Name Armando A. Tabernilla			
				Street Address (P.O. Box Number is Not Acceptable) 340 Royal Poinciana Way			
				Suite 316			
				City Palm Beach FL 33480			

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 Armando A. Tabernilla, VP 3/23/00

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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSS, DANIEL D ESQ		NAME				
STREET ADDRESS	340 ROYAL POINCIANA WAY, STE 316		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP				
TITLE	DV	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARSON, DONALD W		NAME				
STREET ADDRESS	340 ROYAL POINCIANA WAY, STE 316		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP				
TITLE	DVT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERNANDEZ, OSCAR R		NAME				
STREET ADDRESS	340 ROYAL POINCIANA WAY, STE 316		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP				
TITLE	DVS	<input checked="" type="checkbox"/> Delete	TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VALDIVIA, JOSE F JR		NAME	Tabernilla, Armando A.			
STREET ADDRESS	340 ROYAL POINCIANA WAY, STE 316		STREET ADDRESS	340 Royal Poinciana Way, Suite 316			
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP	Palm Beach, FL 33480			
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FANJUL, ALFONSO		NAME				
STREET ADDRESS	340 ROYAL POINCIANA WAY, STE 316		STREET ADDRESS				
CITY-ST-ZIP	PALM BCH FL 33480		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	DVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLOMQUIST, ERIK J		NAME				
STREET ADDRESS	340 ROYAL POINCIANA WAY, STE 316		STREET ADDRESS				
CITY-ST-ZIP	PALM BEACH FL 33480		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: Armando A. Tabernilla, VP 561-655-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

832 932

ATTACHMENT TO  
2000 UNIFORM BUSINESS REPORT (UBR)

2000

DOCUMENT # S20558 (4)

I. Corporation Name

MELFOR, INC.

13. - CONTINUED

ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernández, Luis J.	
STREET ADDRESS	340 Royal Poinciana Way, Suite 316	
CITY-ST-ZIP	Palm Beach, Florida 33480	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ryan, IV, Allan A.	
STREET ADDRESS	340 Royal Poinciana Way, Suite 316	
CITY-ST-ZIP	Palm Beach, Florida 33480	
TITLE	V/AS/Litigation Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tarr, William F., Esq.	
STREET ADDRESS	340 Royal Poinciana Way, Suite 316	
CITY-ST-ZIP	Palm Beach, Florida 33480	