

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90506 001 ***150.00

0325806

DOCUMENT # S20558

1. Entity Name

MELFOR, INC.

Principal Place of Business

Mailing Address

**340 ROYAL POINCIANA WAY
 SUITE 316
 PALM BEACH FL 33480**

**340 ROYAL POINCIANA WAY
 SUITE 316
 PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0234539

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TABERNILLA, ARMANDO A
 340 ROYAL POINCIANA WAY
 SUITE 316
 PALM BEACH FL 33480**

Name

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

City

FL

Zip Code

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

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	AS	DELETE	TITLE	VS	CHANGE	ADDITION
NAME	ROSS, DANIEL D ESQ	<input type="checkbox"/>	NAME		<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS	340 ROYAL POINCIANA WAY, STE 316		STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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	VS	<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	TABERNILLA, ARMANDO A		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"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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			
TITLE		<input type="checkbox"/>	TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

See Attachment For Continuation Of Officers & Directors

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,
 Vice President**

2/1/2001

561-655-6303

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

626250

ATTACHMENT TO
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #S20558

1. Corporation Name

MELFOR, INC.

11. - CONTINUED ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	