FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State
09-19-2002 90154 021 ***150.00

B0139279

DOCUMENT # S51492 (4)

1. Entity Name
Overseas Yogurt, Inc
& 613½ Duval
Key West, FL 33040

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

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 650269387 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: England, Levi

Street Address (P.O. Box Number is Not Acceptable): 7700 Davie Rd Extension

City: Hollywood, FL FL Zip Code: 33024

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: Levi Melilli
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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Steven W. Melilli 613½ Duval Key West, FL 33040
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Kay Melilli 12226 Lake Sherwood Ave N Baton Rouge, LA 70816
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Levi Melilli 10-15-02 (225)205-6063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

#S57492
6013979

Please mail
correspondence to:

Kay Melilli
12226 Lake Sherwood Dr N
Baton Rouge, LA
70816

STATE OF LOUISIANA

Attachment

THIS RECORD IS VALID FOR DEATH ONLY #551492

3867353

IMPORTANT: 813362
PRINT or TYPE, black ink or ribbon mandatory

B0139219

STATE OF LOUISIANA
CERTIFICATE OF DEATH

BIRTH No. _____ FILE No. 117

Name of decedent: for use by physician or institution

DECEDENT

1A. LAST NAME OF DECEDENT	1B. FIRST NAME	1C. MIDDLE NAME	2A. DATE OF DEATH (Month, Day, Year)
MELILLI	STEVEN	WAYNE	May 25 2002

2B. HOUR OF DEATH	3. SEX	4. RACE (Specify White, Black, etc.)	5. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced)	6. SURVIVING SPOUSE (If Wife, give Maiden Name)
1945	Male	WHITE	MARRIED	Mary Katherine Mansfield

7. DATE OF BIRTH (Month, Day, Year)	8A. AGE YEARS	8B. UNDER 1 YEAR MONTHS	DAYS	8C. UNDER 1 DAY HOURS	MINUTES	9. BIRTHPLACE (City and State or Foreign Country)
May 27 1954	47					Baton Rouge, Louisiana

10. USUAL OCCUPATION (Kind of work done during most of working life. NEVER specify retired)	11. KIND OF BUSINESS/INDUSTRY	12. OF HISPANIC ORIGIN?
Business Owner	Retail	No

13. EVER IN U.S. ARMED FORCES? (YES or NO)	14. SOCIAL SECURITY NUMBER	15. DECEDENT'S EDUCATION (Specify ONLY HIGHEST grade completed) ELEMENTARY/SECONDARY (0-12)	COLLEGE (1-4, 5+)
No	572-96-8865		4

PLACE OF DEATH

16A. PLACE OF DEATH (Check ONLY one, if death in NON-LISTED facility check OTHER and specify on line BELOW)
HOSPITAL 1 [✓] INPATIENT 2 [ ] ER / OUTPATIENT 3 [ ] DOA | NON-HOSPITAL 4 [ ] NURSING HOME 5 [ ] RESIDENCE 6 [ ] OTHER

16B. NAME OF FACILITY (If not in Facility, give street address or location)	16C. PLACE OF DEATH IN CITY LIMITS? (YES or NO)
University Hospital	Yes

17A. CITY, TOWN OR LOCATION OF DEATH	17B. PARISH OF DEATH
New Orleans	Orleans

RESIDENCE

18A. STREET ADDRESS (If rural specify rural route number or location)	18B. PARISH OF RESIDENCE	18C. STATE OF RESIDENCE
12226 Lake Sherwood Drive North	East Baton Rouge	Louisiana

18D. USUAL RESIDENCE OF DECEDENT (City, town or location)	18E. ZIP CODE	18F. RESIDENCE INSIDE CITY LIMITS? (YES or NO)
Baton Rouge	70816	Yes

PARENTS

19A. FATHER'S LAST NAME	FIRST	MIDDLE	19B. FATHER'S PLACE OF BIRTH	19C. STATE
Melilli	Jasper	Allen	Shreveport	Louisiana

20A. MOTHER'S MAIDEN NAME	FIRST	MIDDLE	20B. MOTHER'S PLACE OF BIRTH	20C. STATE
Newton	Elane		Baton Rouge, Louisiana	

INFORMANT

21A. TYPE OR PRINT NAME OF INFORMANT	21B. INFORMANT'S ADDRESS	21C. DATE (Month, Day, Year)
Kay Melilli	12226 Lake Sherwood Drive North Baton Rouge, Louisiana 70816	May 26,2002

DISPOSITION

22A. METHOD OF DISPOSITION	22B. DATE THEREOF (Month, Day, Year)	22C. NAME AND LOCATION OF CEMETERY OR CREMATORIUM
1 [X] BURIAL 2 [ ] CREMATION 3 [ ] REMOVAL 4 [ ] OTHER	May 29, 2002	Greenoaks Memorial Park Baton Rouge, Louisiana 70815

23A. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR	23B. FACILITY NUMBER	23C. LICENSE NUMBER
Greenoaks Funeral Home 9595 Florida Blvd. Baton Rouge, Louisiana 70815	2279	E-1795

24. ALTERATIONS

REGISTRAR

25A. BURIAL TRANSIT PERMIT	25B. PARISH OF ISSUE	25C. DATE OF ISSUE	26. SIGNATURE OF LOCAL REGISTRAR
730043	East Baton Rouge	May 28, 2002	Carol Z Lemoine

MANNER OF DEATH

27. MANNER OF DEATH: 1 [✓] NATURAL 2 [ ] ACCIDENT 3 [ ] SUICIDE 4 [ ] HOMICIDE 5 [ ] PENDING INVESTIGATION 6 [ ] UNDETERMINED

28A. DATE OF INJURY (Month, Day, Year)	28B. TIME OF INJURY	28C. INJURY AT WORK (YES or NO)	28D. DESCRIBE HOW INJURY OCCURRED

28E. PLACE OF INJURY (Specify at home, farm, factory, street, etc.)	28F. LOCATION (Street Number or Rural Route, City, Parish, State)

CERTIFIER

29A. I CERTIFY THAT I ATTENDED THE DECEDENT FROM	TO	AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE DUE TO THE CAUSES AND IN THE MANNER SO STATED.	29B. SIGNATURE OF PHYSICIAN OR CORONER	29C. DATE (Month, Day, Year)
May 1 2002	May 25 2002		Alan Rodney MD	May 25 2002

29D. TYPE OR PRINT NAME AND TITLE OF PHYSICIAN OR CORONER	29E. ADDRESS OF PHYSICIAN OR CORONER
Alan Rodney M.D.	2021 Perdido New Orleans LA 70112

CAUSE OF DEATH

30. PART I. ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death.)	a. Respiratory Failure	11 Days
Sequentially list conditions, if any, leading to immediate cause.	b. Sepsis DUE TO (OR AS A CONSEQUENCE OF)	11 Days
Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	c. T cell Leukemia DUE TO (OR AS A CONSEQUENCE OF)	8 Months
	d. DUE TO (OR AS A CONSEQUENCE OF)	

30. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE IN PART I.	31. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS?	32A. WAS AN AUTOPSY PERFORMED?	32B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
[ ] Tobacco [ ] Other	[ ] Yes [ ] No [ ] Unk.	[ ] Yes [X] No	[ ] Yes [ ] No

PHS 16 - (REV. 01/93)

OFFICE OF PUBLIC HEALTH - VITAL RECORDS REGISTRY

IN ACCORDANCE WITH LSA-R.S.40:50 (C) I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF A DEATH CERTIFICATE IN MY CUSTODY.
Carol Z Lemoine
LOCAL REGISTRAR

JUN 07 2002

DHH-OPH LOUISIANA

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA — R.S.40:32, ET SEQ.

J. Karen Brown
STATE REGISTRAR