

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2001 8:00 am
Secretary of State

06-25-2001 90043 023 ****61.25

DOCUMENT # **753 019**

1. Entity Name

THE MERCADO ASSOCIATION

Principal Place of Business

Mailing Address

**4612 MERCADO DRIVE
 SEBRING FL 33872**

A0074728

2. Principal Place of Business

3. Mailing Address

4600-4618 Mercado Dr 4612 Mercado Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sebring FL

Sebring FL

City & State

City & State

4. FEI Number

59-2261268

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

33872

Country

US

Zip

33872

Country

US

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

**Carol M. Thorpe
 4612 Mercado Drive
 Sebring, FL 33872**

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	PD
CITY-ST-ZIP	French, Arthur
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	36587 Park Place Drive
CITY-ST-ZIP	Sterling Hghts MI 48310
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	ST
CITY-ST-ZIP	Ibsen, Wayne
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	80 Bertrand Ave
CITY-ST-ZIP	Scarborough on mik 256
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	D
CITY-ST-ZIP	Pittao, John
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	160 Gary Ave
CITY-ST-ZIP	Tecumseh ON N9J 1V2
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur French

Arthur French

(810)979-2019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)