2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000834

1. Entity Name

MERCURY UNION LIMITED PARTNERSHIP

FILED
02 FEB 25 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
P.O. BOX 1805 DANIA BEACH FL 33004-1805	P.O. BOX 1805 DANIA BEACH FL 33004-1805

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DUE BY MAY 1, 2002

4. FEI Number 65-0922007 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~ANGELLA, GINO F~~
~~2112 N. 14TH AVENUE~~
~~HOLLYWOOD FL 33020~~

7. Name and Address of New Registered Agent

Name Angella, Gino F
Street Address (P.O. Box Number is Not Acceptable) 302 Balboa Street
City Hollywood FL 33019

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 Gino F Angella Gino F Angella 2/15/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	ANGELLA, GINO F P.O. BOX 1805 DANIA BEACH FL 33004-1805	STREET ADDRESS CITY-ST-ZIP	700005033217--3
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	ANGELLA, CATHERINE P.O. BOX 1805 DANIA BEACH FL 33004-1805	STREET ADDRESS CITY-ST-ZIP	-03/04/02--01006--001 ****141.25 ****141.25
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Gino F Angella Gino F Angella 2/15/02 954-921-6094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE