

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-25-2001 90064 023 ***150.00

DOCUMENT # F93000003538

1. Entity Name

MERCON COFFEE CORPORATION

Principal Place of Business

Mailing Address

**2 HUDSON PLACE
 8TH FLOOR
 HOBEKEN NJ 07030
 US**

**2 HUDSON PLACE
 8TH FLOOR
 HOBOKEN NJ 07030
 US**

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 **13-3121844**

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

**BALTODANO, J. ANTONIO
 BRICKELL BAY OFFICE TOWER
 1001 SOUTH BAY SHORE DRIVE, SUITE 1908
 MIAMI FL 33131**

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 **C** Delete
 NAME **BALTODANO, J. ANTONIO**
 STREET ADDRESS **1001 SOUTH BAYSHORE DRIVE SUITE 1804**
 CITY-ST-ZIP **MIAMI FL**

TITLE **T** Change Addition
 NAME **RICHARD ETKIN**
 STREET ADDRESS **2 HUDSON PLACE**
 CITY-ST-ZIP **HOBOKEN NJ 07030**

TITLE **PD** Delete
 NAME **ENDERLIN, ANDREAS**
 STREET ADDRESS **2 HUDSONPLACE 8TH FLOOR**
 CITY-ST-ZIP **HOBOKEN NJ**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **S** Delete
 NAME **CAMERINI, EZEQUIEL**
 STREET ADDRESS **% FOX & HORAN, 1 BROADWAY**
 CITY-ST-ZIP **NY NY 10004**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **D** Delete
 NAME **BALTODANO, DUILIO P**
 STREET ADDRESS **2 HUDSON PLACE 8TH FLOOR**
 CITY-ST-ZIP **HOBOKEN NJ**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **T** Delete
 NAME **TAPIA, ROBERT**
 STREET ADDRESS **2 HUDSON PLACE**
 CITY-ST-ZIP **HOBOKEN NJ 07030**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 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: *Richard Etkin* **RICHARD ETKIN** 4-17-01 201-418-5540
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR0347

CR2E034 (10/00)