

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

0110073 AT

DOCUMENT # **F93000003538**

1. Entity Name
MERCON COFFEE CORPORATION

08-11-2002 90174 044 ***550.00

Principal Place of Business 2 HUDSON PLACE 8TH FLOOR HOBOKEN NJ 07030 US	Mailing Address 2 HUDSON PLACE 8TH FLOOR HOBOKEN NJ 07030 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 13-3121844	Applied For <input type="checkbox"/> Not Applicable
--------------	--------------	------------------------------------	--

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
-----	---------	-----	---------	--

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2132 Tigertail Avenue
 City **Coconut Grove** **FL** Zip Code **33133**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BALTODANO, J. ANTONIO 1001 SOUTH BAYSHORE DRIVE SUITE 1804 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENDERLIN, ANDREAS 2 HUDSON PLACE 8TH FLOOR HOBOKEN NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMERINI, EZEQUIEL % FOX & HORAN, 1 BROADWAY NY NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALTODANO, DUILIO P 2 HUDSON PLACE 8TH FLOOR HOBOKEN NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ETKIN, RICHARD 2 HUDSON PLACE HOBOKEN NJ 07030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2132 Tigertail Avenue Coconut Grove, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EVP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer Rodriguez, Salvador 2 Hudson Place Hoboken, NJ 07030

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Salvador Rodriguez** **Treasurer** Date: **8/7/2002** Daytime Phone #: **201418 5540**

CR2E034 (4/02)