

2001-UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90155 033 ***150.00

DOCUMENT # H70740

1. Entity Name
MERCHANT BANC FUND, INC.

Principal Place of Business Mailing Address
~~9215 N. BAYSHORE DRIVE~~ **9215 N. BAYSHORE DRIVE**
~~MIAMI SHORES FL 33138~~ **MIAMI SHORES FL 33138**
~~US~~ ~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
20710 N.E. 31st Pl. **P.O. Box 10137**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
AVENTURA, FLORIDA **TALLAHASSEE, FLA**

Zip Country Zip Country
33180 **U.S.** **32302** **U.S.**

4. FEI Number **59-2667774** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
LACAPRA, JOHN R.
9215 N. BAYSHORE DR
MIAMI SHORES FL 33138

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
20710 N.E. 31st Place
 City **AVENTURA** FL Zip Code **33180**

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 *John R. Lacapra* **JOHN R. LACAPRA** **1/26/2001**
Signature, typed or printed name of registered agent and date 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LACAPRA, JOHN R. 9215 N. BAYSHORE DRIVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUKKARIYYAH, ABDUL R. 5825 PUERTA DEL SOL BLVD ST. PETERSBURG FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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 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 type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John R. Lacapra* **JOHN R. LACAPRA** **1/26/2001**
Signature and typed or printed name of signing officer or director Date Daytime Phone
850-222-8028

CR2E034 (10/00)