## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 01, 2000 8:00 am Secretary of State DOCUMENT #. **L42935** MERENOEL FLA., INC. 05-01-2000 90384 038 \*\*\*158.75 Mailing Address Principal Place of Business 5700 COLLINS AVENUE-MERENOEL FLORID. INC. 2821 LUCERNE AVE MIAMI REACH FL 32140-2314 MIAMI BCH FL 33140 HC-3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. as Vegas City & State 4. FEI Number Applied For City & State 65-0172974 Not Applicable Country <sup>Zip</sup> 89113 \$8.75 Additional Zip 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name-IRVING SHIMOFF Street Address (P.O. Box Number is Not Acceptable) change of aldress only -SUITE-1050-200 S. BISCAYNE-BLVD. -MIAMI FL 33131-8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PTD TITLE ☐ Delete TITLE 8341 Turtle Creek Circle NAME NAME KESSLER, APOLLONIA K. change of STREET ADDRESS STREET ADDRESS 5700 COLLING AVENUE #12-K 5 Vegas, NV 89113 CITY-ST-ZIP address only CITY-ST-ZIP -MIAMI BEACH FL 33140-TITLE Turtle Creek Circle NAME KESSLER, EDWARD NAME STREET ADDRESS STREET ADDRESS 5700 COLLINS AVENUE #12 K CITY-ST-ZIP CITY-ST-ZIP MIAMI-BEACH FL 33140 TITLE TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 distee 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 impowered.