

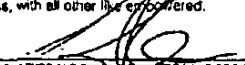
05-06-2005 90082 024 ***150.00
P01000063123

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

05 MAY 25 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063123			
1. Entity Name Mercado & Rengel, P.A.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 12000 Biscayne BLVD.		3. Mailing Address 12000 Biscayne BLVD.	
Suite, Apt. #, etc. 222		Suite, Apt. #, etc. 222	
City & State North Miami		City & State North Miami	
Zip 33181	Country FI	Zip 33181	Country FI
4. FEJ Number 65-1118490		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Rengel, Alexandra I			
Street Address (P.O. Box Number is Not Acceptable)			
12000 Biscayne BLVD.			
City North Miami FL Zip Code 33181			
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 4-12-05	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
Mercado, Ivan E / DP 12000 Biscayne BLVD, Suite 222 North Miami, FI 33181			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
Rengel, Alexandra I/P 12000 Biscayne BLVD, Suite 222 North Miami, FI 33181			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
		DO NOT WRITE IN THIS SPACE	
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12. 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 10 or on an attachment with an address, with all other like information.			
SIGNATURE: 		DATE 4-12-05 305-892-2525	
SIGNATURE AND TYPE, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR20034B (12/02)