

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90118 047 \*\*\*150.00

**DOCUMENT # P97000108370**

1. Entity Name

**MRK ACQUISITIONS, INC.**

Principal Place of Business

**190 NW SPANISH RIVER BLVD  
SUITE 100  
BOCA RATON FL 33431  
US**

Mailing Address

**190 NW SPANISH RIVER BLVD  
SUITE 100  
BOCA RATON FL 33431-4217  
US****711154**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-0815103**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WIERNTCKI, THOMAS R  
190 NW SPANISH RIVER BLVD STE 100  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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, 2000 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	PS	<input type="checkbox"/> Delete
NAME	WIERNICKI, THOMAS R	
STREET ADDRESS	190 NW SPANISH RIVER BLVD STE 100	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	WIERNICKI, JEAN S	
STREET ADDRESS	190 NW SPANISH RIVER BLVD STE 100	
CITY-ST-ZIP	BOCA RATON FL 33431	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-31-00 (301) 39**