2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State
04-24-2000 90074 049 ***150.00

945952

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000016940

1. Entity Name
FIRST MERCHANTS COLLECTION CORPORATION

Principal Place of Business	Mailing Address
LE JEUNE ROAD 1108 GABLES FL 33134	2655 LE JEUNE ROAD SUITE 1108 CORAL GABLES FL 33134-5802

2. Principal Place of Business	3. Mailing Address
1320 SOUTH DIXIE HWY	1320 SOUTH DIXIE HWY
Suite, Apt. #, etc. 1275	Suite, Apt. #, etc. 1275
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33146 Country USA	Zip 33146 Country USA

4. FEI Number 52-2082059 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEVEY, LEWIS J ESQ.
2655 LE JEUNE ROAD
SUITE 1108
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1320 SOUTH DIXIE HWY
SUITE 1275
City CORAL GABLES FL Zip Code 33146

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] LEWIS J. LEVEY, ESQ DATE 4-12-00
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. (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST ☑ Delete	TITLE	☑ Change ☐ Addition
NAME	HERNANDEZ, ANA	NAME	
STREET ADDRESS	2655 LE JEUNE ROAD SUITE 1108	STREET ADDRESS	1320 SOUTH DIXIE HWY, # 1275
CITY-ST-ZIP	CORAL GABLES FL 33134	CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/99)

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: [signature] ANA M. HERNANDEZ Date 4-12-00 Daytime Phone # 305 661 6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR