

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

FILED
02 APR 22 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 199000030369
1. Entity Name
Merchant Capital Corp.

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2. Principal Place of Business <u>21346 St. Andrews Blvd.</u>		3. Mailing Address <u>257 Park Ave. South</u>	
Suite, Apt. #, etc. <u>Suite 222</u>		Suite, Apt. #, etc. <u>Suite 1101</u>	
City & State <u>Boca Raton, FL</u>		City & State <u>New York, NY</u>	
Zip <u>33433</u>	Country <u>US</u>	Zip <u>10010</u>	Country <u>US</u>

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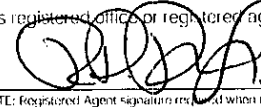
4. FEI Number <u>88-0343651</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

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7. Name and Address of Current Registered Agent

Name <u>Ronald P. Russo, Jr.</u>
Street Address (P.O. Box Number is Not Acceptable) <u>21346 St. Andrews Blvd. Ste. 222</u>
City <u>Boca Raton</u> FL Zip <u>33433</u>

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 Ronald P. Russo, Jr.  4/3/02
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

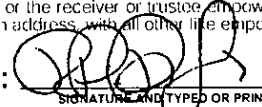
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE <u>Pres., Sec., Tres.</u>	NAME <u>Ronald P. Russo, Jr.</u>	TITLE	NAME
STREET ADDRESS <u>21346 St. Andrews Blvd. Ste. 222</u>	CITY-ST-ZIP <u>Boca Raton, FL 33433</u>	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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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 on an attachment with an address, with all other life empowered.

SIGNATURE:  Ronald P. Russo Jr. 4/3/02 212-213-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)