

FILED  
Apr 28, 2004 8:00 am  
Secretary of State

04-12-2004 90280 028 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P03000076275**  
1. Entity Name  
MERCEDIESEL, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5061 S ST RD 7 BLDG 6 Suite, Apt. #, etc. 606 City & State DAVIE, FL Zip 33314		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1178204	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent  
Name  
SPIEGEL AND UTRERA, PA  
Street Address (P.O. Box Number is Not Acceptable)  
1840 SW 22ND CT  
4TH FLOOR  
City  
MIAMI  
FL  
Zip Code  
33145

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 *Franklin A Meyer* FRANKLIN A MEYER PRESIDENT 4-8-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$51.25

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	PSTD FRANKLIN A MEYER 5061 ST RD 7 STE 606 DAVIE, FL 33314
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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 empowered.

SIGNATURE: *Franklin A Meyer* FRANKLIN A MEYER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-04 954-44407255  
Date Daytime Phone #