

DOCUMENT # 469796

1. Entity Name  
MERCHANTS EXPORT, INC.

Principal Place of Business

200 DR. MARTIN LUTHER KING JR. BLVD.  
RIVIERA BEACH FL 33404-7506

Mailing Address

200 DR. MARTIN LUTHER KING JR. BLVD.  
RIVIERA BEACH FL 33404-7506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1630047

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLLIER, MARIA  
1240 N.OCEAN WAY  
PALM BCH FL 33480

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, 2001 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
CEO	AMENGUAL, ISABEL	66 BOURNE FIELD	ST. THOMAS V.	<input type="checkbox"/>
P	COLLIER, TERRY	1240 N.OCEAN WAY	PALM BCH. FL	<input type="checkbox"/>
S	COLLIER, MARIA	1240 N OCEAN WAY	PALM BEACH FL	<input type="checkbox"/>
V	ULLIAN, JEFFREY E.	436 LOS ALTOS DR.	PALM SPRINGS FL	<input type="checkbox"/>
1VP	COLLIER, NATALIA	1240 N OCEAN WAY	PALM BEACH FL 33480	<input type="checkbox"/>
2VP	COLLIER, CAROLINE	1240 N OCEAN WAY	PALM BEACH FL 33480	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90060 021 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)