

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 685088

1. Entity Name

MERIT IMPORT EXPORT CORPORATION



FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90094 046 ***558.75

0060783
AV

Principal Place of Business

9497 S.W. 92ND STREET
MIAMI FL 33176
US

Mailing Address

9497 S.W. 92ND STREET
MIAMI FL 33176

2. Principal Place of Business

18455 MIRAMAR PK. WAY
Suite, Apt. #, etc.
#306

3. Mailing Address

18455 MIRAMAR PK. WAY #306
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

MIRAMAR, FLORIDA

City & State

MIRAMAR FLORIDA

4. FEI Number

59-2020184

Applied For

Not Applicable

Zip

33029

Country

USA

Zip

33029

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZUCKER, HAROLD P

9497 S W 92ND ST

MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

KENNETH MORGAN

Street Address (P.O. Box Number is Not Acceptable)

18455 MIRAMAR PK. WAY #306

City

MIRAMAR

FL

Zip Code

33029

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 KENNETH MORGAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

SEP 11 / 8 / 03

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 D ☐ Delete
NAME MORGAN, KENNETH
STREET ADDRESS 9497 S.W. 92ND STREET
CITY-ST-ZIP MIAMI FL

TITLE ST ☐ Delete
NAME ZUCKER, FLORENCE
STREET ADDRESS 9497 S.W. 92ND STREET
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME MORGAN, JOYCELIN
STREET ADDRESS 9497 SW 92ND ST
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/03

DATE

816 927 9459

Daytime Phone #

CH2E034 (4/03)