

# ANNUAL BUSINESS REPORT (UBR)

DOCUMENT # **A06431** *2001 UBR*

1. Entity Name

**JOHN F. MERCEDE, LTD.**

FILED

01 APR 23 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1876 N UNIVERSITY DR., SUITE 300  
PLANTATION FL 33322

Mailing Address  
1876 N UNIVERSITY DR., SUITE 300  
PLANTATION FL 33322-4126

2. Principal Place of Business

*1868 N UNIVERSITY DR #204*

3. Mailing Address

*1868 N UNIVERSITY DR #204*

City & State

*PLANTATION, FL*

City & State

*PLANTATION*

4. FEI Number **59-1890146**

Applied For  
Not Applicable

Zip

*33322*

Country

*USA*

Zip

*33322*

Country

*USA*

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MERCEDE, JOHN F**  
**1876 N. UNIVERSITY DR.**  
**SUITE 300**  
**PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name

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

*1868 N. UNIVERSITY DR #204*  
City *PLANTATION* FL Zip Code *33322*

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. Capital Contributions  
as Shown on record.

**\$650,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME **MERCEDE, JOHN F**  
STREET ADDRESS **6361 BRAVA WAY**  
CITY - ST - ZIP **BOCA RATON FL 33433**

13. ADDRESS CHANGES ONLY

STREET ADDRESS *1868 N UNIVERSITY DR #204*  
CITY - ST - ZIP *PLANTATION, FL 33322*

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS *DID NOT RECEIVE 2001*  
CITY - ST - ZIP *UBR 4137728-0*

DOCUMENT #  
NAME  
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CITY - ST - ZIP

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*SIGNATURE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/17/01* *954-475-9088*

Daytime Phone #