

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

**FILED**  
**Apr 28, 2002 8:00 am**  
**Secretary of State**

04-28-2002 90781 007 \*\*\*150.00

DOCUMENT # **F000000000385** ✓

1. Entity Name

**MERCADOLIBRE, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**TRONADOR 4890**

3. Mailing Address

**TRONADOR 4890**

Suite, Apt. #, etc.

**Piso 2**

Suite, Apt. #, etc.

**Piso 2**

DO NOT WRITE IN THIS SPACE

City & State

**CAPITAL FEDERAL**

City & State

**CAPITAL FEDERAL**

4. FEI Number

**980212790**

Applied For

Not Applicable

Zip

**1430**

Country

**ARGENTINA**

Zip

**1430**

Country

**ARGENTINA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**IGNACIO VIDAGUREN**

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

**1900 SUNSET HARBOR DR #2405**

City

**MIAMI BEACH**

FL

Zip Code

**33139**

**DO NOT WRITE  
IN THIS SPACE**

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]*

**IGNACIO M. VIDAGUREN**

**04/15/2002**

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

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible

tax filing requirement and elects to do so. ☐

(See criteria on back)

**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. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/CEO GALPERIN, MARCOS 1900 SUNSET HARBOR DR Apt 2405 MIAMI BEACH, FL -33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALPERIN, NICOLAS 1900 SUNSET HARBOR DR #2405 MIAMI BEACH FL -33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SZEKASY, NICOLAS 1900 SUNSET HARBOR DR #2405 MIAMI BEACH, FL -33139
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**15/Apr/2002 305-695-1661**

CR2E034B (12/01)