2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003416

1. Entity Name
MERCADOEMPRESARIAL.COM INC.

FILED
01 JUL 18 PM 2:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
5301 BLUE LAGOON DR SUITE 190 MIAMI FL 33122	5301 BLUE LAGOON DR SUITE 190 MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

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 65-0999709 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARDO F. BRITO, P.A.
100 SE 2ND ST
SUITE 3850
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Leonard Board
Street Address (P.O. Box Number is Not Acceptable): 5301 Blue Lagoon Dr. Ste 190
City: Miami FL Zip Code: 33126

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 _____ 7/16/01
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 $550.00
After September 12, 2001 Fee will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOLINE, JOSE LUIS EDF SAN BOECO #10-1 CARACAS DF 1060 VENEZUELA	☑ Delete	D Urdaneta, Jose I El Hatillo, Calle Caribay Quinta Los Cisnes Caracas, Venezuela	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GALAN, PETER AVENIDA MOHEDANO RES ARTE 7 APTO 3-A CARACAS VENEZUELA	☑ Delete	500004533775--0 -08/14/01--01043--023 ****558.75 ****558.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ACQUATELLA, HENRI CALLE A2 QTA GRETA CAURIMARE CARACAS VENEZUELA	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ 7/16/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E024 (5/01)