## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## F99000004690 **DOCUMENT #**

1. Entity Name



**FILED** Jan 15, 2003 8:00 am Secretary of State

MERCHANDISE AUTOMAT, INC.									01-13-2003 90	0283 02	H13	0.00	
Principal Place of Business 125 WORTH AVENUE, SUITE 112 PALM BEACH FL 33480			Mailing Address 125 WORTH AVENUE. SUITE 112 PALM BEACH FL 33480					 					
2. Principal	Place of Busin	ness	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & Sta	ate		City & State				<b>4.</b> F	65-0937212			Applied For		
Zip Country			Zip		Country		5. 0	Certificate of Status Desired		<b>\$8.75</b> A Fee Regui	dditional	7	
	6. Name	and Address of Current I	Register	ed Agent				_7N	lame and Address of New Reg				ㅓ.
						Name							٦
	nst-Ludwig Ith Avenue	a 5, Suite 112				Street Address (P.O. Box Number is Not Acceptable)						$\dashv$	
	ACH FL 334	•			-							. =	$\dashv$
		•			-	City				FL	Zip Co	de	$\dashv$
8. The above the obliga	e named entity tions of regist	y submits this statement for ered agent.	the purp	oose of changing its re	gistered	d office or	registere	d age	ent, or both, in the State of Florid	a. I am fa	amiliar with	, and accept	1
SIGNATURE													
SIGNATURE		or printed name of registered agent a	nd title if ap	plicable. (NOTE: F	legistered /	Agent signatu	re required v	when rei	instating)	DATE	•		
		! FEE IS \$150.00							9. Election Campaign Finan	eina	\$5	00 May Be	7
		3 Fee will be \$550.00 Florida Department of	State						Trust Fund Contribution.	ت ت	Adde	ed to Fees	
10.	OFFICERS AN			D DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					┨
TITLE ·	PSD		☐ Delete		TITLE						☐ Change	Addition	18
NAME		ST-LUDWIG			NAME								3
CITY-ST-ZIP	REET ADDRESS   125 WORTH AVENUE, SUITE 112 Y-ST-ZIP   PALM BEACH FL 33480				STREET CITY-S	ADDRESS				•			13
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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 adark is, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

ERNST-Ludwig Kipp OR President