## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

## DOCUMENT # **F99000005902** May 15, 2000 8:00 am Secretary of State 1. Entity Name MERNONE & CO., INC. 05-15-2000 90255 022 \*\*\*150.00 Principal Place of Business Mailing Address C/O JAGUSZTYN & JAGUSZTYN PA C/O JAGUSZTYN & JAGUSZTYN PA 701 E COMMERCIAL BLVD #200 701 E COMMERCIAL BLVD #200 FT LAUDERDALE FL 33334-3240 FT LAUDERDALE FL 33334 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0714050 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JAGUSZTYN, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 701 E COMMERCIAL BLVD #200 FT LAUDERDALE FL 33334 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and tytle if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **CDPS** ☐ Change TITLE ☐ Delete TITLE Lahteenmaki, harri NAME NAME 701 E COMMERCIAL BLVD #200 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33334 Addition TITLE [REALINEN) ☐ Change TITLE ☐ Delete NAME ECHAND JAGUSZTYN NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in 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

KECHAN JAGUSUNN