

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90118 040 ***150.00

DOCUMENT # H70740

1. Entity Name
MERCHANT BANC FUND, INC.



Principal Place of Business
20705 NE 32ND AVE 1526 BREAKWATER TERRACE
AVENTURA FL 33180
HOLLYWOOD, FLA. 33019

Mailing Address
PO BOX 10137
TALLAHASSEE FL 32302
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2667774**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LACAPRA, JOHN R.

20710 NE 31ST PLACE 1526 BREAKWATER TERRACE

AVENTURA FL 33180 HOLLYWOOD, FLA. 33019

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **LACAPRA, JOHN R**
STREET ADDRESS **20705 NE 32ND AVE 1526 BREAKWATER TERRACE**
CITY-ST-ZIP **AVENTURA FL 33180 HOLLYWOOD, FLA 33019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE-PRES** ☐ Delete
NAME **Judson D. LACAPRA**
STREET ADDRESS **1526 BREAKWATER TERRACE**
CITY-ST-ZIP **HOLLYWOOD, FLA. 33019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 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 address, with all other like empowered.

SIGNATURE *John R. Lacapra* **1/21/03** **954-455-8767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)