

# 2001 UNIFORM BUSINESS REPORT (UBR)

0022856 AF

DOCUMENT # L00000003576

1. Entity Name  
MERCA REAL ESTATE L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR 12 AM 11:03

Principal Place of Business  
1103 FLORIDA AVENUE, SUITE 4  
PALM HARBOR FL 34683

Mailing Address  
1103 FLORIDA AVENUE, SUITE 4  
PALM HARBOR FL 34683



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3635359

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: ROSE M. JENKINS

Street Address (P.O. Box Number is Not Acceptable)  
1103 FLORIDA AVE, STE. 4

City: PALM HARBOR FL Zip Code: 34683

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE: MGR  
NAME: GAGLIARDI, INNOCENZO  
STREET ADDRESS: 1103 FLORIDA AVENUE, SUITE 4  
CITY-ST-ZIP: PALM HARBOR FL 34683 ☐ Delete

TITLE: MGR  
NAME: GAGLIARDI, ANN  
STREET ADDRESS: 1103 FLORIDA AVENUE, SUITE 4  
CITY-ST-ZIP: PALM HARBOR FL 34683 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
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CITY-ST-ZIP:   
☐ Delete

10. ADDITIONS/CHANGES

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

2/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)