

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90343 001 ***250.00

DOCUMENT # L00000005318

1. Entity Name

MERSINA, L.L.C.

Principal Place of Business

**910 S.E. 17TH STREET, SUITE 300
C/O ATLANTIA HOLDINGS
FORT LAUDERDALE FL 33316**

Mailing Address

**910 S.E. 17TH STREET, SUITE 300
C/O ATLANTIA HOLDINGS
FORT LAUDERDALE FL 33316**

2. Principal Place of Business

4305 N.W. 24th Way

Suite, Apt. #, etc.

3. Mailing Address

4305 N.W. 24th Way

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip
33431

Country
USA

City & State

Boca Raton, Florida

Zip
33431

Country
USA

4. FEI Number

65-1018826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLACKBURN, ACE J JR.
COONEY, MATTSOON, LANCE, BLACKBURN ET AL.
2312 WILTON DRIVE
FORT LAUDERDALE FL 33305**

7. Name and Address of New Registered Agent

Name

Linda O. MacLaren

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

798 So. Federal Hwy., Suite 100

City

Boca Raton

FL

Zip Code
33432

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

Linda O. MacLaren

4/5/02

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ECONOMOS, NICHOLAS
4305 N.W. 24TH WAY
BOCA RATON FL 33431** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

Date

Daytime Phone #

4/20/02

561-395-4000

CR2E083 (9/01)