

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L29816**

1. Entity Name

MERCANTIL E EUROPARTS, INC.**FILED**
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91156 015 ***158.75

Principal Place of Business

C/O MARIO EUZONDO
6747 SW 8th Street
MIAMI, FL 33144-4701.

Mailing Address

C/O MARIO EUZONDO
6747 SW 8th Street.
MIAMI, FL 33144-4701

2. Principal Place of Business

(SAME)

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0201055

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

EUZONDO, MARIO
6747 SW 8th Street
MIAMI, FL 33144.

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

NOTE: Registered Agent signature required when renewing!

DATE

4/27/019. This corporation is eligible to satisfy its intangible
tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE MONTHLY FEE IS \$150.00**
AND MAY 1, 2001 Fee will be \$250.00
Annual Fee Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PD	☐ Delete
NAME	EUZONDO, MARIO	
STREET ADDRESS	6747 SW 8th Street.	
CITY - ST - ZIP	MIAMI, FL 33144-4701	
TITLE	VP	☐ Delete
NAME	EUZONDO, MARIA	
STREET ADDRESS	6747 SW 8th Street	
CITY - ST - ZIP	MIAMI, FL 33144-4701	
TITLE	SD	☐ Delete
NAME	EUZONDO, MARIO	
STREET ADDRESS	6747 SW 8th Street.	
CITY - ST - ZIP	MIAMI, FL 33144-4701.	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(3)(1), 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 11 or Block 12 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01