FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90450 041 ***158.75

DOCUMENT # L29816

1. Entity Name: Mercantile Europarts, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6747 SW 8 Street
Suite, Apt. #, etc.
City & State: Miami, Florida
Zip: 33144 Country: USA

3. Mailing Address: 6747 SW 8 Street
Suite, Apt. #, etc.
City & State: Miami, Florida
Zip: 33144 Country: USA

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4. FEI Number: 65-0201055 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Mario Elizondo
Street Address (P.O. Box Number is Not Acceptable): 6747 SW 8 Street
City: Miami FL Zip Code: 33144

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]
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mario Elizondo - Pres, Director, Sec. 6747 SW 8 Street Miami, Fl. 33144
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Alicia Elizondo 6747 SW 8 Street Miami, Fl. 33144
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12. 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/25/02 (305)266-0507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #