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Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90115 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L56516

1. Entity Name
MERCUR, INC.

Principal Place of Business	Mailing Address
1501 SW LEJEUNE ROAD COCONUT GROVE, FL 33134 US	1501 SW LEJEUNE ROAD CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
9904 SW 133 COURT	9904 SW 133 COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33186 Country	Zip: 33186 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0186266 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORMAN, TERRY J. 1501 SW LEJEUNE ROAD CORAL GABLES, FL 33134	Name: ANDREAS MAYR Street Address (P.O. Box Numbers Not Acceptable): 9904 SW 133 COURT City: MIAMI, FL Zip: 33186

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 ______________________ DATE

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

[illegible]

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMA, HANS A 3038 VIRGINIA STREET COCONUT GROVE, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FORMAN, TERRY J. 1501 SW LEJEUNE ROAD CORAL GABLES, FL 33134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ANDREAS MAYR 9904 SW 133 COURT MIAMI, FL. 33186	☐ Change ☐ Addition
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CR2E034 (10/02)

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3-4-2003 305-382-0238

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #