

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0004986 AF

DOCUMENT # L96000000489

1. Entity Name  
MERLEX GROUP COMMUNICATIONS, L.C.

00 APR 13 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1515 E. BROWARD BLVD.  
SUITE 403  
FT. LAUDERDALE FL 33301

Mailing Address  
1515 E. BROWARD BLVD.  
SUITE 403  
FT. LAUDERDALE FL 33301-2142



2. Principal Place of Business  
SAME

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
L

Suite, Apt. #, etc.  
L

City & State  
L

City & State  
L

Zip  
L

Zip  
L

DO NOT WRITE IN THIS SPACE  
MNM  
4. FEI Number 65-0547070  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
TARKOE, CLINTON M  
1040 BAYVIEW DRIVE STE 317  
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent  
Name N/A  
Street Address (P.O. Box Number is Not Acceptable)  
City L 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] (NOTE: Registered Agent signature required when reinstating) DATE [Signature]

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

9. MANAGING MEMBERS / MEMBERS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM MERNER, GEORGE W 1515 E. BROWARD BLVD. FT. LAUDERDALE FL 33301  
[Delete]  
[Delete]  
[Delete]  
[Delete]  
[Delete]  
[Delete]

10. ADDITIONS / CHANGES  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
[Change] [Addition]  
100003224171-2  
-04/26/00--01015--029  
\*\*\*\*\*100.00 \*\*\*\*\*50.00  
[Change] [Addition]  
[Change] [Addition]  
[Change] [Addition]  
[Change] [Addition]  
[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: X [Signature] REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Date 04/11/00-954-527-1466 Daytime Phone #

CR2E083 (9/99)