

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L99000000474

1. Entity Name
MERCADEAL U.S., L.L.C.

00 APR 18 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~2100 MAIN STREET~~
SARASOTA FL 34237

~~2100 MAIN STREET~~
SARASOTA FL 34237-6324

2. Principal Place of Business

3. Mailing Address

1103 FLORIDA AVE.

1103 FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 4

SUITE 4

City & State

City & State

PALM HARBOR, FL

PALM HARBOR, FL

Zip

Country

Zip

Country

34683

U.S.

34683

U.S.

4. FEI Number

65-0902659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



MNM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAENSCH, P. CHRISTOPHER
2100 MAIN STREET
SARASOTA FL 34237

Name

ROSE M. JENKINS

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

1103 FLORIDA AVE
STE 4

City

PALM HARBOR FL

Zip Code

34683

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

4/8/02

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
SION, GREGORY
344 TER AVENUE JEAN-JAURES
59920 QUIEVRECHAIN FRANCE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000003228930--8
-04/28/00--01069--024
*****50.00. *****50.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
GAGLIARDI, INNOCENZO
344 TER AVENUE JEAN-JAURES
59920 QUIEVRECHAIN FRANCE

TITLE
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STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY- ST- ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)