## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 26, 2001 8:00 am Secretary of State DOCUMENT # M43517 Entity Name MER HOLDINGS, TINC. 04-26-2001 90120 025 \*\*\*150.00 Principal Place of Business Mailing Address C/O Stephen Freeman C/O Stephen A. Freeman 520 Brickell Key Dr. 520 Brickell Key Dr. Miami, FL 33131 Miami, FL 33131 C0053176 2. Principal Place of Business 3. Mailing Address Suite, Ant. # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0011458 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent . I while I amed I all the Madie FREEMAN, STEPHEN A 520 BRICKELL KEY DRIVE Street Address (P.O. Box Number is Not Acceptable) SUITE 0-305 MIAMI, FL 33131 City Zip Code FI 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) FILE NOW!!! FEE IS \$150.00. File NOW!!! FEE IS \$150.00. 9. This corporation is eligible to satisfy its Intangible 1-10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do \$0. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DSP SR2E034 (11/00) TITLE TITLE ☐ Change FREEMAN, STEPHEN A. NAME NAME 520 Brickell Key Drive, Suite 305 STREET ADDRESS STREET ADDRESS Miami, FL 33131 CITY - ST - ZIP CITY - ST- 7IP TITLE Delete 31TH Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST - ZIP - Change Delete TITLE Addition TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Change Addition Delete THE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST- ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST ZIP CITY - S1 - ZIP

13. 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 Block 12 if changed, or on an attachment with an address. Yill apother like empowered.

SIGNATURE:

STEPHEN A. FREEMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 10th, 2001

305-374-3800

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