

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90082 002 \*\*\*558.75

**DOCUMENT # M52447**

1. Entity Name

**MERCANTIL SERVICES CORPORATION**



Principal Place of Business

**6TH FLOOR, OPERATION CENTER  
3105 NW 107TH AVENUE  
MIAMI FL 33172**

Mailing Address

**6TH FLOOR, OPERATION CENTER  
3105 NW 107TH AVENUE  
MIAMI FL 33172**

2. Principal Place of Business

**220 Alhambra Circle**

Suite, Apt. #, etc.

3. Mailing Address

**220 Alhambra Circle**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**Coral Gables, Florida**

City & State

**Coral Gables, Florida**

4. FEI Number

**59-2831052**

Applied For

Not Applicable

Zip

**33134**

Country

**USA**

Zip

**33134**

Country

**USA**

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

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI  
201 SOUTH BISCAYNE BLVD.  
SUITE 1500  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	VILLAR, GUILLERMO	
STREET ADDRESS	6200 RIVIERA DR.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ARNAL, DIEGO	
STREET ADDRESS	CALLE J QUINTA TANGO, STA ROSA DE LIMA	
CITY-ST-ZIP	CARACAS VE	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILSON, MILLAR	
STREET ADDRESS	5950 S.W. 135TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, ALBERTO	
STREET ADDRESS	9940 S.W. 120TH ST.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GASPARRI, RODOLFO	
STREET ADDRESS	AV PRINCIPAL NARANJO 2	
CITY-ST-ZIP	CARACAS 1011, VENEZUELA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEIROS, ARMANDO	
STREET ADDRESS	AV. ANDRES BELLO, EDIFICIO MERCANTIL	
CITY-ST-ZIP	CARACAS, VENEZUELA	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alberto Peraza	
STREET ADDRESS	220 Alhambra Circle	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guillermo Villar	
STREET ADDRESS	220 Alhambra Circle	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Millar Wilson	
STREET ADDRESS	220 Alhambra Circle	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

**MILLAR WILSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/2/2003 (305) 460-4025**  
Date Daytime Phone #

CR2E034 (4/03)