2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0000004656



1/

FILED Mar 24, 2003 8:00 am Secretary of State

1. Entity N	MERFIRSTIVAL, INC.	Mailing Address PO BOX 245395 PEMBROKE PINES FL 33024				01-13-2003	906/3 039 *	***61.25		
1030 NORTHEAST 180 TERR					PO BOX 245395					
2. Principa	Il Place of Business	3. Mailing Address		···						
) 19041101 011 0010	I AARD OBDU OBSEL COM	ERNA ORIGINALIA CATEL	DULLA BILLI (CE)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
· City & St	late	City & State				4. FEI Number Applied For Not Applied For				
Zip Country		Zip	Zip Co			5. Certificate of Sta	tus Desired	¬ \$8.75 A	Not Applicable	e
	6. Name and Address of Curren	Registered Agent	-			7. Name and Address		-Fee Requi	red	-¦ '
and the second s				7. Name and Address of New Registered Agent Name						\dashv
WILFRID, BELFORT 1030 NORTHEAST 180 TERR NORTH MIAMI.FL 33162			Street Address			P.O. Box Number is Not Acceptable)				
NUKIH	MIAMI FL 33162									7
in the second se				City Zip Code						
8. The above	ve named entity submits this statement for ations of registered agent.	or the purpose of changing its	registere	d office or re	gistered	agent, or both, in th	e State of Florida	Lam familiar with	and account	-
	7	90 A	, j *	;	•		o oldto or rioridg.	- Chill (Strings) Asifil	, and accept	1 i
SIGNATURE		and the second s	ے۔ امطال نے	n — IIII. Varia — III	<u>.</u>				<u>्र</u> ्युटनः	
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E. Registered	Agent signature	required whe	on reinstating)		CATE		'
<u>}</u>	FILE NOW: FEE IS \$61.25	Trust Fund C	9. Election Campaign Financing Trust Fund Contribution.			5.00 May Be Ided to Fees	Make Check Payable to Florida Department of State			1
10.	OFFICERS AND DIF	RECTORS	ORS 11.			DITIONS/CHANGES	TO OFFICERS AN	OFFICERS AND DIRECTORS IN 10		
NAME	BELFORT, WILFRID	☐ Delete	TITLE NAME					Change	Addition	(10/02)
STREET ADDRESS CITY-ST-ZIP	1030 NORTHEAST-180 TERR NORTH MIAMI FL 33162		- STREET	TADDRESS			عة . تحد -	<u> </u>	. Late of the	CR2E037 (1
TITLE NAME	VSD BIEN-AIME, HERARD	☐ Delete	TITLE					Change	Addition	122
STREET ADDRESS	1030 NORTHEAST 180 TERR		NAME	ADORESS	, - -					0-
CITY-ST-ZIP	NORTH MIAM! FL 33162		CITY-S					**		
TITLE ~~	D	Deleta	= - IIILE -						Addition -	_
	ERLYNE, LOUIS ADDRESS 1030 NORTHEAST 180 TERR		NAME							
CITY-ST-ZIP NORTH NIAMI FL 33162			STREET CITY-S	* ****	> 12 \$1,	nos pages. Seconomical de la companya de la co		ال المناد المراسمة الله المانات	· · · · · · · · · · · · · · · · · · ·	
TITLE / p .3	म्बार्क्षण्यस्य रहेश्य	Delete	TITLE		·	-		Chann-	[] Admire	
NAME (15 5 5 5	See the about the state of the	ht hacosoto nergitive in		C . : - 3 . 1,6	erana s			☐ Change	Addition :	
STREET ADDRESS City-St-Zip		- James the man department of the Paris and the market	STREET	ADDRESS	CLSTO LL	ישות ען שוסק אר"ן ור	Erara Luculos.	min l'ar linh a	ार्यकार प्रकार	
ITTLE	<i>u</i> *		CITY-SI	-ZTP		-	1,	in the second		
JASAF		☐ Delete	TITLE	1				☐ Change	Addition	J

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

LINATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

□ Addition