

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006019

1. Entity Name

INTERNATIONAL MERCY INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90068 018 ****61.25

Principal Place of Business	Mailing Address
5827 ELMHURST RD. W. PALM BCH FL 33417	5827 ELMHURST RD. W. PALM BCH FL 33417-4315

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 21732
City & State	City & State
West Palm Beach, FL	West Palm Beach, FL

City & State	City & State	4. FEI Number	Applied For
West Palm Beach, FL	West Palm Beach, FL	65-0887958	Not Applicable
Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
33416	USA	<input type="checkbox"/>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EIFERT, ESTER
5827 ELMHURST RD.
W. PALM BCH FL 33417

7. Name and Address of New Registered Agent

Name EIFERT, ESTHER
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.

SIGNATURE *Esther*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	EIFERT, ESTHER	
STREET ADDRESS	5827 ELMHURST RD.	
CITY-ST-ZIP	W. PALM BCH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	EIFERT, KEVIN	
STREET ADDRESS	5827 ELMHURST RD.	
CITY-ST-ZIP	W. PALM BCH FL 33417	
TITLE	Chairman	<input type="checkbox"/> Delete
NAME	MORENO, GERMAN	
STREET ADDRESS	2853 CROSLY DR. WEST#E	
CITY-ST-ZIP	W. PALM BCH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Lodwick	
STREET ADDRESS	2641 Gately Dr. West #101	
CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blanca Suarez	
STREET ADDRESS	175 Duke Dr.	
CITY-ST-ZIP	Lake Worth, FL 33460	
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		
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 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.

SIGNATURE: *Esther* **SIGNATURE REQUIRED** 5-3-00 561-682-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)