

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 07, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000048273**1. Entity Name  
MERCOPYME CORPORATION

Principal Place of Business	Mailing Address
2210 REDDFIELD DR	2210 REDDFIELD DR
FALLS CHURCH VA 22043	FALLS CHURCH VA 22043

2. Principal Place of Business	3. Mailing Address
7310 SW 169 STREET	7310 SW 169 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	FL	City & State	FL
MIAMI		MIAMI	
Zip	Country	Zip	Country
33157	US	33157	US

4. FEI Number	Applied For
54-1992377	Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**

PEDRERO ARMANDO A  
3975 NW 3RD ST  
  
MIAMI FL  
33126 US

**7. Name and Address of New Registered Agent**

Name  
CHAVES CLOVIS  
Street Address (P.O. Box Number is Not Acceptable)  
7310 SW 169 STREET  
  
City  
MIAMI FL Zip Code  
33157

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 **CLOVIS CHAVES****02/07/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CICARE CHRISTIAN E	
STREET ADDRESS	2210 REDDFIELD DR	
CITY-ST-ZIP	FALLS CHURCH VA 22043	
TITLE	D	<input type="checkbox"/> Delete
NAME	PELLIZA MARIANO	
STREET ADDRESS	2210 REDDFIELD DR	
CITY-ST-ZIP	FALLS CHURCH VA 22043	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEDRERO ARMANDO A	
STREET ADDRESS	2210 REDDFIELD DR	
CITY-ST-ZIP	FALLS CHURCH VA 22043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVES MIRIAM	
STREET ADDRESS	7310 SW 169 STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVES CLOVIS	
STREET ADDRESS	7310 SW 169 STREET	
CITY-ST-ZIP	MIAMI FL 33157	
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		

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, with all other like empowered.

**SIGNATURE: CLOVIS CHAVES**

D

02/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)