

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 19, 2001 8:00 am**
Secretary of State

03-19-2001 90471 012 ***150.00

DOCUMENT # P00000055272**1. Entity Name****MERLINLAB CORPORATION****Principal Place of Business****10720 SKYHAWK DR
NEW PORT RICHEY FL 34654****Mailing Address****10720 SKYHAWK DR
NEW PORT RICHEY FL 34654****2. Principal Place of Business****10721 Skyhawk Dr
Suite, Apt. #, etc.
NEW PORT RICHEY****3. Mailing Address****10721 Skyhawk Dr
Suite, Apt. #, etc.
NEW PORT RICHEY****City & State****FLA****City & State****FLA****Zip****34654****Country****Pasco****Zip****34654****Country****PASCO****4. FEI Number****59-8666526****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****PARRA, VICTOR M
4482 NW 67 AVE
CORAL SPRINGS FL 33067****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.****SIGNATURE**

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 type="checkbox"/> Delete
NAME	PARRA, JORGE M
STREET ADDRESS	1108 EVERGREEN PL
CITY-ST-ZIP	DELAND FL 32720
TITLE	D <input type="checkbox"/> Delete
NAME	PARRA, VICTOR M
STREET ADDRESS	4482 NW 67 AVE
CITY-ST-ZIP	CORAL SPGS-FL 33067
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRA, Jorge M.
STREET ADDRESS	830 Stone Henge
CITY-ST-ZIP	DELAND, FL 32722
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	
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:****Jorge M Parra**
JORGE M PARRA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-14/01

Daytime Phone #

927-816-8663

CR2E034 (10/00)