

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000079075

1. Entity Name
MERLIN SPECIALTIES CO.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90169 048 ***150.00

Principal Place of Business
9431 SOUTHWEST 4TH STREET
SUITE 214
MIAMI FL 33174

Mailing Address
9431 SOUTHWEST 4TH STREET
SUITE 214
MIAMI FL 33174

2. Principal Place of Business
3 S.W. 96th Avenue

3. Mailing Address
3 SW 96th Avenue

Suite, Apt. #, etc.

City & State
Miami, FL 33174

City & State
Miami, FL

Zip
33174

Country
USA

Zip
33174

Country
USA

4. FEI Number
65-1034914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name
LUIS E. FALLAS

Street Address (P.O. Box Number is Not Acceptable)
3 S.W. 96th Avenue

City
Miami

FL

Zip Code
33174

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

03/18/2001

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	FALLAS, MERLIN	9431 SOUTHWEST 4TH STREET SUITE 214	MIAMI FL 33174	<input type="checkbox"/>
VTD	FALLAS, LUIS E	9431 SOUTHWEST 4TH STREET SUITE 214	MIAMI FL 33174	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/18/2001 305-888-8677

CR2E034 (10/00)