2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
05-12-2001 90028 045 ***150.00

DOCUMENT # P00000080754

1. Entity Name
Mercospirits, Inc.

Principal Place of Business | Mailing Address
803 Hibbard Rd.
Wilmette, IL.
60091

00062956

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3669604 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Daniel Kaab
Suite 850, Gables One Tower
1320 S. Dixie Highway
Miami, FL 33148

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

		Delete
TITLE	Paul Gattuso	☐
NAME	President	
STREET ADDRESS	803 Hibbard Rd	
CITY-ST-ZIP	Wilmette, IL. 60091	
TITLE	Vice President	☐
NAME	Kristin Gattuso	
STREET ADDRESS	803 Hibbard Rd	
CITY-ST-ZIP	Wilmette, IL. 60091	
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

		Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐

CR2E034 (11/00)

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: Kristin Gattuso 4-24-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #