

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90031 031 ***150.00

DOCUMENT # P00000089166

1. Entity Name
MERMEK 415, INC.

Principal Place of Business
PO BOX 223222
W. PALM BEACH FL 33422-3222

Mailing Address
PO BOX 223222
W. PALM BEACH FL 33422-3222

2. Principal Place of Business
2000 N. Florida Mango

Suite, Apt. #, etc.
Suite 203

City & State
West Palm Beach, FL

Zip
33409

Country
USA

3. Mailing Address
2000 N. Florida Mango

Suite, Apt. #, etc.
Suite 203

City & State
West Palm Beach, FL

Zip
33409

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1045247

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HABIB, MARK
104 HAMPTON CIR.
JUPITER FL 33458

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, 2002 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 **DP** ☐ Delete
 NAME **HABIB, EVANGELIA**
 STREET ADDRESS **104 HAMPTON CIR.**
 CITY-ST-ZIP **JUPITER FL 33458**

TITLE **DV** ☐ Delete
 NAME **NIFAKOS, RUTHY**
 STREET ADDRESS **1858 SHOWER TREE WAY**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **DST** ☒ Delete
 NAME **SPANOS, ELENI**
 STREET ADDRESS **250 DESOTA RD.**
 CITY-ST-ZIP **W. PALM BEACH FL 33405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **SECRETARY-TREASURER.** ☐ Change ☒ Addition
 NAME **HABIB, MARK**
 STREET ADDRESS **104 Hampton Cir**
 CITY-ST-ZIP **Jupiter, FL 33458**

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/02

Date

561-7438770

Daytime Phone #

CR2E034 (9/01)