

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90859 038 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # FD00000095108

1. Entity Name

MERKATUM CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1200 ANASTASIA AVENUE

3. Mailing Address

1200 ANASTASIA AVENUE

Suite, Apt. #, etc.

450

Suite, Apt. #, etc.

450

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES FLORIDA

City & State

CORAL GABLES FLORIDA

4. FEI Number

65-1047161

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSE LUQUE

Street Address (P.O. Box Number is Not Acceptable)

1200 ANASTASIA AVE #450

City

CORAL GABLES

FL

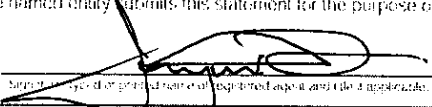
Zip Code

33134

**DO NOT WRITE
IN THIS SPACE**

8. This 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



(NOT Registered Agent signature required when re-electing)

4/5/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (see criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

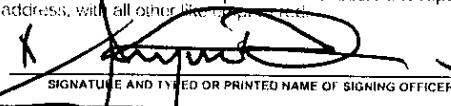
\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
CEO	JOSE LUQUE	1200 ANASTASIA AVE #450	CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other filers as required.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/02

Date

Block 13 Page 1

CR2E034B (12/01)