

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

APPROVED  
AND  
FILED

03 MAR 24 AM 6:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P010000041891**

1. Entity Name

MERKAMIAMI CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
299 ALHAMBRA CIRCLE

3. Mailing Address  
299 ALHAMBRA CIRCLE

Suite, Apt. #, etc.  
203

Suite, Apt. #, etc.  
203

City & State  
CORAL GABLES, FL

City & State  
CORAL GABLES, FL

4. FEI Number  
65-1104267

Applied For  
Not Applicable

Zip  
33134

Country

Zip  
33134

Country

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
CARLOS M. PAZOS

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

299 ALHAMBRA CIRCLE, SUITE 203

City  
CORAL GABLES

FL

Zip Code  
33134

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.

CARLOS M. PAZOS

03/03/2003

(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) ☐

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  
P, S, T, D  
JOSE M. TORRENS  
STREET ADDRESS  
299 ALHAMBRA CIRCLE, SUITE 203  
CITY - ST - ZIP  
CORAL GABLES, FLORIDA 33134

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 like empowered.

SIGNATURE:

JOSE M TORRENS, DIRECTOR 3/03/2003 305-443-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)