


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

3/1

03-13-2003 90098 043 ***150.00

DOCUMENT # P01000056325			
1. Entity Name M.E.R.S., INC.			
Principal Place of Business TERRANCE J. MULLIN, ESO. 200 S BISCAYNE BLVD STE 2000 MIAMI FL 33131		Mailing Address TERRANCE J. MULLIN, ESO. 200 S BISCAYNE BLVD STE 2000 MIAMI FL 33131	
2. Principal Place of Business 3059 Grand Avenue Suite, Apt. #, etc. Suite 340 City & State Miami, FL Zip 33133		3. Mailing Address 3059 Grand Avenue Suite, Apt. #, etc. Suite 340 City & State Miami FL Zip 33133	
4. FEI Number		APPLIED FOR	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MULLIN, TERRANCE J 200 S BISCAYNE BLVD STE 2000 MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3059 Grand Avenue Suite 340 City Miami FL Zip Code 33133	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MARTIN, MARIA T 200 S BISCAYNE BLVD STE 2000 MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	c/o T.J. MULLIN 3059 Grand Avenue, Suite 340 Miami, FL 33133
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: SIGNATURE TERRANCE J. MULLIN		3-10-03 305-442-1101	

CR2E034 (10/02)