

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90469 025 ***150.00

DOCUMENT # P01000057140

1. Entity Name
MITCH & MERGEN, INC.

Principal Place of Business
266 WILSHIRE BLVD. #127
CASSELBERRY FL 32707

Mailing Address
266 WILSHIRE BLVD. #127
CASSELBERRY FL 32707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

BUDGET WAREHOUSE OFFICE
 Suite, Apt. #, etc. **CENTER**
#154, 4891 NW, 103 AVE

3. Mailing Address

474, WESTREE LANE
 Suite, Apt. #, etc. **-**

City & State

SUNRISE - FL

City & State

PLANTATION - FL

4. FEI Number

32-0001518

Applied For

Not Applicable

Zip

33351

Country

USA

Zip

33324-1878

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DE SA, MERWYN
266 WILSHIRE BLVD.
SUITE 127
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name **MERWYN VICTOR DE SA**
 Street Address (P.O. Box Number is Not Acceptable)
474, WESTREE LANE
 City **PLANTATION** **FL** Zip Code **33324-1878**

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	PSTD	<input type="checkbox"/> Delete
NAME	DE SA, MERWYN	
STREET ADDRESS	266 WILSHIRE BLVD. #127	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERWYN DE SA	
STREET ADDRESS	474, WESTREE LANE,	
CITY-ST-ZIP	PLANTATION, FL- 33324-1878	
TITLE	VTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENEVIEVE DE SA	
STREET ADDRESS	474, WESTREE LANE,	
CITY-ST-ZIP	PLANTATION, FL- 33324-1878	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MERWYN VICTOR DE SA

Date

04/04/02

Daytime Phone #

954-683-1087

CR2E034 (9/01)