

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

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90051 020 ***150.00

DOCUMENT # P01000063123

1. Entity Name

Mercado & Rengel, P.A.



DO NOT WRITE IN THIS SPACE

24017581

2. Principal Place of Business
12000 Biscayne Blvd

3. Mailing Address
12000 Biscayne Blvd

Suite, Apt. #, etc.
Suite 222

Suite, Apt. #, etc.
Suite 222

DO NOT WRITE IN THIS SPACE

City & State
North Miami, FL

City & State
North Miami, FL

4. FEI Number 65-1118490

Applied For
Not Applicable

Zip
33181

Country
Miami-Dade

Zip
33181

Country
Miami-Dade

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Ivan E. Mercado

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

12000 Biscayne Blvd Suite 222

City North Miami, FL Zip Code 33181

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

Mercado, Ivan E. / Registered Agent

March 04, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Mercado E. Ivan / President	12000 Biscayne Blvd Suite 222	North Miami, FL 33181
	Rengel Alexandra / VP	12000 Biscayne Blvd Suite 222	North Miami, FL 33181

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mercado, Ivan E / President

March 04, 2004 (305) 948-5161

Date

Devoice Phone #

CR2E034B (12/02)