

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State
 04-16-2002 90056 026 ***150.00

DOCUMENT # P01000073697

1. Entity Name
THE MERCHANT, INC.

Principal Place of Business
16300 NE 19 AVE #100
NORTH MIAMI BEACH FL 33162

Mailing Address
16300 NE 19 AVE #100
NORTH MIAMI BEACH FL 33162



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7601 E TRESURE DR.
 Suite, Apt. #, etc.
1222

3. Mailing Address
16300 NE 19 AVE
 Suite, Apt. #, etc.
C

City & State
MIAMI BEACH FL
 Zip
33141
 Country

City & State
North Miami Bch FL
 Zip
33162
 Country

4. FEI Number
65-1124511

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SILVA, FERNANDO
16300 NE 19 AVE #100
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name **FERNANDO SILVA**
 Street Address (P.O. Box Number is Not Acceptable)
16300 NE 19 AVE
SUITE C
 City **North Miami Bch FL** Zip Code **33162**

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

4/8/02

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 **PD**
 NAME **TROPEANO, GABRIEL J** ☐ Delete
 STREET ADDRESS **16300 NE 19 AVE #100**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **GABRIEL J. TROPEANO**
 STREET ADDRESS **7601 E. TREASURE DR. #1222**
 CITY-ST-ZIP **MIAMI Bch FL 33141**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02
 Date

Daytime Phone #

CR2E034 (9/01)