


FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90698 021 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000083582

1. Entity Name
MERCO DEVELOPMENT CORPORATION



Principal Place of Business
**1580 SAWGRASS CORP.. PKWY
 130
 SUNRISE FL 33323**

Mailing Address
**1580 SAWGRASS CORP.. PKWY
 130
 SUNRISE FL 33323**

60014379



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
16420 Sapphire Street
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES
01-0656696

City & State
WESTON, FL

4. FEI Number
APPLIED FOR

Applied For
 Not Applicable

Zip
33331

Country

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

6. Name and Address of Current Registered Agent
**BARRETO, CARLOS J
 280 CLUB RD, BLDG 112, APT 205
 WESTON FL 33328**

7. Name and Address of New Registered Agent
 Name
CARLOS X. BARRETO
 Street Address (P.O. Box Number is Not Acceptable)
16420 SAPPHIRE STREET
 City
WESTON FL Zip Code **33331**

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) DATE _____

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRETO, XAVIER 1580 SAWGRASS CORP., PKWY SUNRISE FL 33323	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FALLU, MARIA ELENA 280 CLUB RD, BLDG 112, APT 205 WESTON FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Barreto, Xavier 16420 SAPPHIRE STREET WESTON, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Fallu, Maria Elena 16420 SAPPHIRE STREET WESTON, FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** **01/29/03**
 _____ Date _____ Daytime Phone # _____

CR2E034 (10/02)