2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000044108 **DOCUMENT #**

1. Entity Name

MERSHON FINANCIAL GROUP, PA



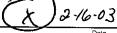
FILED Feb 19, 2003 8:00 am Secretary of State 02-19-2003 90163 038 ***150.00

					-	SWI TOO	´					
Principal Place of Business 12235 SW 101 TERRACE MIAMI FL 33186			1223	Mailing Address 12235 SW 101 TERRACE MIAMI FL 33186) 1 30 11 33 1 (11 30 113 11011 30 111 3 0111	er ini ar ika or	0 81 0 84 0 8 080 1	86 18) (814 1861	
2. Principal	Place of Busin	3. Ma	3. Mailing Address									
Suite, Apt	t. #, etc.	<u></u>	Sui	Suite, Apt. #, etc.				☐ CHECK HERE IF	MAKING	CHANGES	.	
City & Sta	ite	City	City & State				4. FEI Number Applied For Not Applied by Not Applied For Not Applicable					
Zip Country			Zip		Coun	try		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Currer	nt Register	ed Agent			7.	Name and Address of New Re				
						Name			,	9		
MERSHON, COREY							(0.0.5					
12235 SW 101 TERRACE				Street Address			s (P.O. E	(P.O. Box Number is Not Acceptable)				
MIAMI FL	1											
2.		,,				City			FL	Zip Coo	Ī	
SIGNATURE	itions or registe	red agent.				ed office or regist		einstating)	da. I am fa	miliar with,	and accept	
After May 1, 2003 Fe will be \$550.00 Make Check Payable to Florida Department of Sta				tate				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.		OFFICERS AND	DIRECTO	RS	11.		ΑC	L DDITIONS/CHANGES TO OFFIC	FRS AND I	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERSHON, 12235 SW MIAMI FL 3	101 TERRACE		☐ Delete		ſ		(☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERSHON,	MARK 101 TERRACE 3186) <u>.</u>	☐ Delete					ĺ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> "विश्व ६ विकार व्यक्तः, ज्</u> राह्म <u>व</u>		Delete	8			ع مند و در	7 (((((((((((((((((((Change	☐ Addition	
TITLE NAME Street Address City-St-Zip				☐ Delete		T ADDRESS ST-ZIP			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREE	T ADDRESS ST-ZIP	·		[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY-S	l i				Change	Addition	
I hereby c	ertify that the i	ntormation supplied with	n this filing o	does not qualify for	the exem	notion stated in Se	ection 1	19.07(3)(i). Florida Statutes Lifu	ther certify	that the in	formation	

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 a address with all other like empowered.

SIGNATURE!

Klind REWICE PRESIDENT GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



305-903-1769