

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91364 022 ***150.00

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DOCUMENT # P02000124166

1. Entity Name

MERCEDES INTERNATIONAL, INC.

~~ONE PRICE TELECOM, INC.~~ *DBA*



Principal Place of Business

1333 PINE AVENUE

SUITE B

ORLANDO FL 32824

Mailing Address

1333 PINE AVENUE

SUITE B

ORLANDO FL 32824

2. Principal Place of Business

9501 SATELLITE BLVD

3. Mailing Address

1353 pine Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F

☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number

38-3666229

Applied For

Not Applicable

Zip

32837

Country

USA

Zip

32824

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERCEDES, RINALDO A
5457 NOKOMIS CIRCLE
ORLANDO FL 32839

Name

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

City

FL

Zip Code

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
MERCEDES, RINALDO A
1333 PINE AVENUE - SUITE B
ORLANDO FL 32824 ☒ Delete

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

TITLE
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CITY-ST-ZIP
PTS
MERCEDES, Rinaldo A.
1353 PINE Ave, ste F
ORLANDO, FL 32824 ☐ Delete

TITLE
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☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 407-256-7293

Date

Daytime Phone #

CR2E034 (10/02)