

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40176

1. Entity Name

MERKUR MANAGEMENT INC.

FILED

Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90071 043 ***150.00

Principal Place of Business 25 S WASHINGTON DR SARASOTA FL 34236	Mailing Address 25 S WASHINGTON DR SARASOTA FL 34236-1433 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 38-2899800	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSEN, HEIN
25 S WASHINGTON DRIVE
SARASOTA FL 34236

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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	HAVELOCK, JOHANNA	
STREET ADDRESS	11111 FRENCH ROAD	
CITY-ST-ZIP	DETROIT MI 48234	
TITLE	DS	<input type="checkbox"/> Delete
NAME	RUSEN, BEVERLY	
STREET ADDRESS	25 S WASHINGTON DRIVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	CP	<input type="checkbox"/> Delete
NAME	RUSEN, HEIN	
STREET ADDRESS	25 S WASHINGTON DRIVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JOHANNA HAVELOCK	2/13/00	313-571-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)