2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State

04-24-2001 90310 041 ***150 00

DOCUMENT # P93000084536

1. Entity Name

D J MERLIN GROUP, INC.

Principal Place of Business

Mailing Address

9711 NW 20TH ST. CORAL SPRINGS FL 33071

SIGNATURE

CITY-ST-ZIP

(See criteria on back)

9711 NW 20TH ST.

CORAL SPRINGS FL 33071

2. Principal Place of Business	3. Mailing Address	
1200 SW 18 57	1200 SW18 ST	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE

City & State 4. FEI Number City & State 65-0457811 MUTELDALE, FI \$8.75 Additional 5. Certificate of Status Desired Fee Required USA

6. Name and Address of Current Registered Agent

MILLER, DONALD E 9711 NW 20 ST. **CORAL SPRINGS FL 33071** Donald E miller

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

SW 18 5T

7. Name and Address of New Registered Agent

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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Applied For

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE. TITLE Donald & Miller Jr NAME NAME MILLER, DONALD E STREET ADDRESS STREET ADDRESS 1200 5018 51 9711 NW 20 ST. CITY-ST-7IP Ff. LOUD. El 33315 CITY-ST-ZIP CORAL SPRINGS FL 33071 ENZIQUE RODZIQUEZ 15 NE 27 DZIVE ☐ Addition Delete ST TITLE TITLE NAME MILLER, JOYCE M NAME STREET ADDRESS STREET ADDRESS 9711 NW 20 ST. Wildon MANOIS, FI CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33071 Change - Addition - Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS 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: OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME