

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90121 031 ***150.00

DOCUMENT # P94000005541

1. Entity Name
MERINTECH, INC.

Principal Place of Business 8180 SW 162ND PATH MIAMI FL 33193 US	Mailing Address 8180 SW 162ND PATH MIAMI FL 33193-5116 US
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0504659	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOTT, GEORGE J
 C/O LOTT & LEVIN
 SUITE 302, 5975 SUNSET DR.
 MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name: **PAUL D. CONTESSA ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
15321 S. DIXIE HWY # 207
 City **MIAMI** FL Zip Code **33157**

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 **PAUL D. CONTESSA R.A.** DATE **3/15/00.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME PD MERIAN, JEFFREY H.	<input type="checkbox"/> Delete
STREET ADDRESS 8180 SW 162ND PATH MIAMI FL	
TITLE NAME STD MORAN, STEPHEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 807 W TEMPLE ST CHANDLEA AZ 85224	
TITLE NAME VD BOOGREN, EDWARD J.	<input type="checkbox"/> Delete
STREET ADDRESS 5214 NW 98TH TERRACE CORAL SPRINGS FL	
TITLE NAME VD ALBANES, PEDRO S	<input type="checkbox"/> Delete
STREET ADDRESS P O BOX 470041 CELEBRATION FL 34747	
TITLE NAME [Blank]	<input type="checkbox"/> Delete
STREET ADDRESS [Blank]	
TITLE NAME [Blank]	<input type="checkbox"/> Delete
STREET ADDRESS [Blank]	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1500 MAPLE DRIVE WESTON, FLORIDA 33126	
TITLE NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS [Blank]	
TITLE NAME [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS [Blank]	

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: **SIGNATURE REQUIRED** DATE **3/22/2000** DAYTIME PHONE # **(786) 242-7020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)