

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000007055

1. Entity Name

JORGE MERCADO & ASSOCIATES, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90067 035 ***150.00

Principal Place of Business

9825 NW 29 ST.
MIAMI FL 33172
US

Mailing Address

9825 NW 29 ST
MIAMI BEACH FL 33172
US

2. Principal Place of Business

14041 SW 83 CT

3. Mailing Address

14041 SW 88 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

4. FEI Number

65-0464890

Applied For

Not Applicable

Zip

33330

Country

BROWARD

Zip

33380

Country

BROWARD

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

MERCADO, JORGE
9825 NW 29 ST
MIAMI BCH FL 33172

Name

MERCADO JORGE

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

14041 SW 88 CT

City

DAVIE

FL

Zip Code

33380

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

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, 2001 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 PSD ☐ Delete
NAME MERCADO, JORGE
STREET ADDRESS ~~9825 NW 29 ST~~
CITY-ST-ZIP ~~MIAMI BEACH FL~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14041 SW 88 CT
CITY-ST-ZIP DAVIE FL 33380

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/2001

954 577-0202

Date

Daytime Phone #

CR2E034 (10/00)