

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083430

1. Entity Name

MERFINANCE CORP.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90028 029 ***550.00

Principal Place of Business Mailing Address
% J. ANTONIO BALTODANO % PENINSULA REGISTERED AGENTS, INC.
1001 SOUTH BAYSHORE DRIVE, SUITE 1804 200 SOUTH BISCAYNE BLVD., SUITE 4874
MIAMI FL 33131 MIAMI FL 33131-2303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

1001 Brickell Bay Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1804

City & State

City & State

Miami, FL

4. FEI Number 65-0619900

Applied For

Not Applicable

Zip Country
33131 USA

Zip Country

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

PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD.
SUITE 4874
MIAMI FL 33131

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 Peninsula Registered Agents, Inc.

July 11, 2000

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, 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 D/P
NAME BALTODANO, ANTONIO J.
STREET ADDRESS 1001 S. BAYSHORE DR., #1804
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

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

TITLE V/S
NAME BALTODANO, DUILIO C.
STREET ADDRESS PO BOX 736 (N/A)
CITY-ST-ZIP MANAGUA, NICARAGUA ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Antonio Baltodano

Date

Daytime Phone #

July 11, 2000 305-374-1111

CR2E034 (9/99)