2002 Uniform Business Report (UBR)

DOCUMENT # P9600020621 1. Entity Name MERCADITA MANAGEMENT COMPANY						FILED 02 MAR - 1 AM II: 30				
Principal Place of Business ONE NORTH CLEMATIS ST 2ND FLOOR WEST PALM BEACH FL 33401		Mailing Address ONE NORTH CLEMANS ST., 2ND FLOOR WEST PALM BEACHNEL 33401				TALLAHAS	RY OF STA SSEE, FLOA	ዝቦት	11 82 1183 1 88	
2. Principal Place of Bus	3. Mailing Address	3. Mailing Address P.A. B.x. 3435								
			Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State				4. FEI Number NOT APPLICABLE Applied For Not Applicable				
Zip Country		Zip 33401	Count	rv	5.	. Certificate of Status Desire		\$8.75 Add	litional	
6. Nan	t Registered Agent	istered Agent			7. Name and Address of New Registered Agent Name					
KLOCK, JOSEPH P JR 200 S. BISCAYNE BLVD., 41ST FLOOR MIAMI_FL.33131				Street Add	dress (P.O.	(P.O. Box Number is Not Acceptable)				
MIAMI, FL. 33131		-	City			FL	Zip Code	е		
8. The above named en	agent, or both, in the State of	of Florida.								
SIGNATURE										
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!! After May 1, 200 Make Check Payable				vill be \$55	0.00	10. Election Campaign Trust Fund Contrib	· -		0 May Be I to Fees	
11.	OFFICERS AND	DIRECTORS	12.			ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	3 IN 11	
STREET ADDRESS ONE NO	FANJUL, ANDRES B ONE NORTH CLEMATIS ST., 2ND FLOOR					Change Addition 2 Change Addition 2 Change Addition 2 2 Change Addition 2 				
STREET ADDRESS 200 S. E	S Delete KLOCK, JOSEPH P JR 200 S. BISCAYNE BLVD., 41ST FLOOR MIAMI FL 33131-2398				-			Change	Addition	
TITLE T Delete NAME VALDIVIA, JOSE F JR STREET ADDRESS 200 S. BISCAYNE BLVD., 41ST FLOOR				T ADDRESS ST-ZIP			•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ll -	ſ				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	ll l	T ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete h this filing does not qualify is true and accurate and the	сіту-	T ADDRESS ST-ZIP				☐ Change	Addition	

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 appears with all other like empowered.

SIGNATURE

RATES WARE OF SIGNING OFFICE THE DEFECTOR ATY

Date

2/6/02

1877 305/577–700

Daytime Phone 6