2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P96000025526** MERCATOR AMERICA, INC. Principal Place of Business Mailing Address P.O. BOX 398570 112 S HIBISCUS DR MIAMI BEACH FL 33239-8570 MIAMI FL 33139-5130 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Country

LANGEN, CHRISTOPHER

9. This corporation is eligible to satisfy its Intangible

HEINKE, STEPHAN

112 S HIBISCUS DR

MIAMI FL 33139-5130

Tax filing requirement and elects to do so.

(See criteria on back)

112 S HIBISCUS DR MIAMI FL 33139-5130

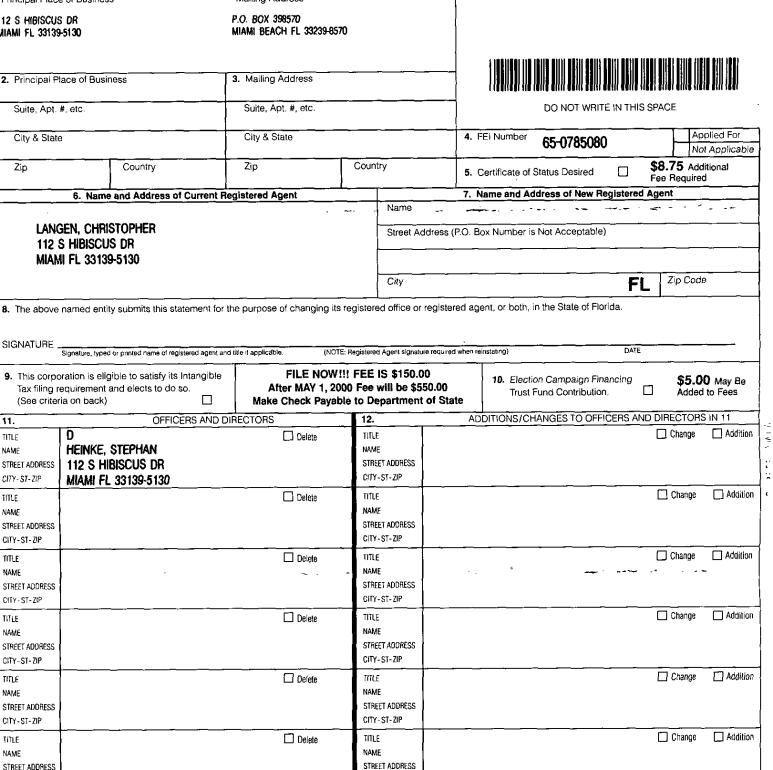
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title it applicable.

OFFICERS AND DIRECTORS

FILED May 07, 2000 8:00 am Secretary of State

05-07-2000 90028 020 ***150.00



13. I hereby certify that the information supplied with this filling 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 reports the 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.

CITY-ST-ZIP

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Delete

☐ Delete

☐ Delete

☐ Delete

☐ Defete

Delete

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

Name

SIGNATURE:

Zip

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

NAME STREET ADDRESS

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIN PD NAME OF SIGNING OFFICER OF DIRECTOR