Apr-24-02 04:09pm From-Kaufman Rossin 3058576845

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90012 010 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000095023

1. Entity Name
NO MERCY, INC.

DO NOT WRITE IN THIS SPACE

B00092991

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2. Principal Place of Business: 2400 W. 84th Street
Suite, Apt. #, etc.: Unit 14
City & State: Hialeah, FL
Zip: 33016 Country: USA

3. Mailing Address: 6320 Hancock Road
Suite, Apt. #, etc.:
City & State: Ft. Lauderdale, FL
Zip: 33330 Country: USA

4. FEI Number: 65-0714795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ Fee Required

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7. Name and Address of Current Registered Agent
Name: David T. Powers, Esq.
Street Address (P.O. Box Number is Not Acceptable): 7777 Glades Road
Ste. 300
City: Boca Raton FL Zip Code: 33434

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)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	President
NAME	Alex Fernandez
STREET ADDRESS	6320 Hancock Road
CITY-ST-ZIP	Ft. Lauderdale, FL 33330
TITLE	Vice-President
NAME	Angel Fernandez
STREET ADDRESS	2400 W 84th St., Unit 14
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-25-02 Daytime Phone #