2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 24, 2003 8:00 am Secretary of State

DOOLINGHT " CO	00000====	<u> </u>		02-07-20	03 90102 007 ***150.00
DOCUMENT # P96 1. Entity Name NO MERCY, INC.	000095023				
Principal Place of Business	Mailing Address	1			
2400 W 84TH ST UNIT 14	6320 HANCOCK RD.		1		
HALEAH FL 33016	FORT LAUDERDALE FL :	33330			
	US			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	CONTE CONTR LOTAL CHIEF DEUG FRANC FRANCE
2. Principal Place of Business 3. Mailing Address 10081 PINES BOULEUARD 10081 PINES		s Bours	1400		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		31(1-2	☐ CHECK HERE IF	MAKING CHANGES
PEMBROKE PINES FL	City & State PEMBIZOKE	PINES	FL	4. FEI Number 65-0714795	Applied For Not Applicable
Zip 33024 Country USA		Country	SA !	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Cur	rent Registered Agent		7	7. Name and Address of New Rec	
POWERS, DAVID J ESQ		Name	Raul	Gastes V	
BROAD AND CASSEL		Street	Address (P.O). Box Number is Not Acceptable)	
7777 GLADES ROAD SUITE 300		ļ			
BOCA RATON FL 33434			105 11AM) 1	NW 155 STR	
8. The above named entity submits this statement the obligations of registered step.	nt for the purpose of changing its	Conjectured office	IIAMI I	LAKES	FL Zip Code 33016
SIGNATURE	•	ragistered onica (or registered a	agent, or both, in the State of Florid	a. I am familiar with, and accept
Signature, typed or printed who of egistered a	igent and title if applicable. (NOTE	E: Registered Agent signs	sture required when	n reinstating)	DATE
FILE NOW!!! FEE 19 \$150.00 After May 1, 2003 Fee will be \$550. Make Check Payable to Florida Departmen	00 It of State			Election Campaign Financ Trust Fund Contribution.	cing \$5.00 May Be
10. OFFICERS A	ND DIRECTORS	11.		DDITIONS/CHANGES TO OFFICE	DC AND DIDEOTO -
TITLE PD RAME FERNANDEZ; ALEXANDER	☐ Delete	TITLE	<u> </u>		
STREET ADDRESS 6320 HANCOCK RD.		NAME	ĺ		00
FORT LAUDERDALE FL 33330		STREET ADDRESS CITY-ST-ZIP			Change Addition Change Addition Change Change Addition Change Change
ULTE Å	☐ Delete	TITLE	VICE P	PRESIDENT	
FERNANDEZ, ANGEL		NAME		FERNANDEZ	Change \ \ \ Addition \ \ \ \ \
TREET ADDRESS 2400 W 84TH ST UNIT 14	÷	STREET ADORESS		NW BY COURT	}
TLE MIAMI FL 33016		CITY-ST-ZIP	MAMI L	AKES FL 3301B	ļ
AME	□ Delete ·	THTLE, " "	****	The second of the second	Change Addition
TREET ADDRESS		STREET ADDRESS		No. 2 (1) 10 (1) 10 (1)	
TY-ST-ZIP	<u> </u>	CITY-ST-ZIP			
TLE	☐ Delete	TITLE			
MAE REET ADDRESS		NAME			☐ Change ☐ Addition
TY-ST-ZIP		STREET ADDRESS			• 1 .
îLE .		CITY-ST-ZIP			i i
ME	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
REET ADDRESS		NAME Street address			- I ;
Y-ST-ZIP		CITY-ST-ZIP	•		
LE .	☐ Delete	TOTALE			
ME .		NAME		•	☐ Change ☐ Addition
IEET ADORESS / Y-ST-ZIP		STREET ADDRESS			
		CITY-ST-ZIP			
I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver of trustee empty changed, or on an attachment with an address.	th this filing does not qualify for the is true and accurate and that my so powered to execute this report as with all other like empowered.	e exemption state signature shall hav required by Chapt	d in Section 1 ve the same le ter 607, Florid	19.07(3)(i), Florida Statutes, I furthe agal effect as if made under oath; the la Statutes; and that my name appe	er certify that the information nat I am an officer or director pars in Block 10 or Block 11 if
IGNATURE: SI/X	OME REQUIRE	D ALEX	FERNAN	s 1	(954)885-1021
	OF SIGNING OFFICER OR C	AMECTOR		Date	Daytime Phone #