2001 UNIFORM BUSINESS REPORT (UBR)					FILED			
1. Entity Nar	IMENT # ₽9700002	2490 🎓 🕫			Apr 03, 20 Secretary	01 8:0 v of St:	U am ate	
GAZETA MERCANTIL USA, INC.								
Principal Plac 1101 B suife	Ave.							
Miami, FL 33131 USA		suite 401 Miami, FL 33131 USA			C0041498			
2. Principal f	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Sta	te	City & State		1	FEI Number 65–0736613		pplied For ot Applicable	
Zin	Country	Zin	Country		Certificate of Status Desired	<b>\$8.75</b> Ad	ditional	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
Name								
	son, Mark Brickell Ave.		Street A	Address (P.O. B	Box Number is Not Acceptable)	·		
cc-l Miami, FL 33129			City			FL Zip Coo	le	
<u>-</u>	, _,			<u></u>				
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)								
				<u> </u>				
Tax filing r	pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	After MAY 1, 200 Make Check Payable	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		<ol> <li>Election Campaign Financin Trust Fund Contribution.</li> </ol>		0 May Be 1 to Fees	
11	Vice-President		12.	AD Preside	L DITIONS/CHANGES TO OFFICERS ant	AND DIRECTOR	SIN 11	
TITLE NAME Street address City-St-Zip	Anderson, Mark		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Levy, I 1110 Br	Cuiz Fernando Ferre rickell Ave., suite FL 33131	ira		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1915 Br	on, Mark rickell Ave. cc-l	Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST-ZIP	Pitamit,	FL 33129	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME Street Address City-St-Zip			Change	Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY- 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 received 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.								
SIGNATURE: Manual Manual Signature and typed or printed name of signing Officer or Director Date Date Date Date								