

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90001 030 ***158.75

DOCUMENT # P97000048875

1. Entity Name

MERCOSUL CONSULTING, INC.

Principal Place of Business

**300 BISCAYNE BLVD WAY
#1014
MIAMI FL 33131**

Mailing Address

**2634 NW 48TH ST
BOCA RATON FL 33434
US**

2. Principal Place of Business

2634 NW 48 Street

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc. **✓**

City & State

Boca Raton, Florida

City & State

Same

Zip

Country

33434 United States

Zip

Same

Country

Same

4. FEI Number

65-0760377

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LABERTI, CARLOS A
2634 NW 48TH ST
BOCA RATON FL 33434**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **DPT** ☐ Delete
NAME **LAMBERTI, CARLOS A**
STREET ADDRESS **21522 ST. ANDREWS GRAND CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **S** ☐ Delete
NAME **LAMBERTY, MIRIAM**
STREET ADDRESS **21522 ST. ANDREWS GRAND CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **PT** ☒ Delete
NAME **LAMBERTI, CARLOS**
STREET ADDRESS **21522 ST ANDREWS GRAND CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **PT** ☒ Delete
NAME **LAMBERTI, CARLOS**
STREET ADDRESS **2634 NW 48TH ST**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **S** ☒ Delete
NAME **LAMBERTI, MIRIAM**
STREET ADDRESS **2634 NW 48TH CT**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition
NAME **Lamberti, Carlos A**
STREET ADDRESS **2634 NW 48 Street**
CITY-ST-ZIP **Boca Raton, Florida 33434**

TITLE **S** ☒ Change ☐ Addition
NAME **Lamberti, Miriam**
STREET ADDRESS **2634 NW 48 Street**
CITY-ST-ZIP **Boca Raton, Florida 33434**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-1402 (561)994-1232

Date Daytime Phone #

CR2E034 (9/01)