

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90394 023 ***150.00

DOCUMENT # P97000054489

1. Entity Name

INTER-MERCANTILE CORP.

Principal Place of Business

**1620 SOUTHWEST 87TH AVE
 PEMBROKE PINES FL 33025**

Mailing Address

**1620 SOUTHWEST 87TH AVE
 PEMBROKE PINES FL 33025**

2. Principal Place of Business

6140 FALCONSGATE AV

3. Mailing Address

6140 FALCONSGATE AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33331

Country

USA

Zip

33331

Country

USA

4. FEI Number

65-0761803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOHAMMED, WAHID

**1620 SW 87 AVE
 PEMBROKE PINES FL 33025**

Name

WAHID MOHAMMED

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

6140 FALCONSGATE AV

City

DAVIE FL USA

FL

Zip Code

33331

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

Wahid Mohammed

Wahid Mohammed

April 20/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
 NAME **MOHAMMED, WAHID**
 STREET ADDRESS **1620 SOUTHWEST 87TH AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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

TITLE **VSD** ☐ Delete
 NAME **MOHAMMED, YASMIN**
 STREET ADDRESS **1620 SOUTHWEST 87TH AVE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33025**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Wahid Mohammed

WAHID MOHAMMED

April 20/01

854 252 5247

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)