

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059382

1. Entity Name

LADY MERCY, CORP.

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90002 047 ***150.00

Principal Place of Business

100 WILLOW LANE
ISLAMORADA FL 33036

Mailing Address

24151 SW 157 AVE
HOMESTEAD FL 33031
US

660954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

24151 SW 157 Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

4. FEI Number

65-0773926

Applied For

Not Applicable

Zip

Country

33031

USA

Zip

Country

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

GIRO, RAFAEL R

100 WILLOW LANE

ISLAMORADA FL 33036

24151 SW 157 Ave
Homestead FL
33031

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.

(NOT)

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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

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	D	<input type="checkbox"/> Delete
NAME	GIRO, RAFAEL R	
STREET ADDRESS	24151 SW 157 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIRO, MERCEDES	
STREET ADDRESS	24151 SW 157 AVE	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] 305-245-2817

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/00)