FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 16, 2003 8:00 am Secretary of State

DOCUMENT # 1997/1/1/1918 06-16-2003 90137 041 \*\*\*150.00 Merlin Industrial Sopplies, Inc 90139710 DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc DO NOT WRITE IN THIS SPACE losa Gity & State 4. FEI Numbe Applied For City & State Not Applicable Country S A 33(30 \$8.75 Additional 33134 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name Estopinan DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zin Code 13134 Gables 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and tale if applicable Juniuary 1: May 1: Fee is: \$150.00 After May 1: Fee is: \$550.00 'Amended UBR is: \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS CRZE034B (12/02) TITLE ! ME? President NAME John Estiphan STREET ADDRESS STREET ADDRESS 623 Catalonia Ave CITY-ST-ZIP 33174 CITY:ST-ZP oral Gables. TITLE Secretory TITLE S NAME talonia 4 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-51-ZIP Gables ЙЦE TITLE NAME NAME STREET ADDRESS STREET ADORESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE HILE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- ZP TITLE TILE: NAME STREET ADDRESS STREET ADORESS CITY-51-ZIP CITY-ST-ZIP 12. 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 redesive or trustle empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address!

SIGNATURE:

DIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 11 03

<u>305443-1585</u>

ATTACHMENT

90139710. #199700080590

## Merlin Industrial Supplies, Inc.

623 Catalonia Ave. Coral Gables, FL 33134 305-569-0271 305-443-1585

June 11, 2003

Division of Corporations Tallahassee, FL

RE: Uniform Business Report Form

Dear Sirs,

The present letter is regarding the Uniform Business Report Form, which I never got for this year. I only realized this as I was going through documentation and records of the company. I never received the form, thus I never sent the report with payment.

I called the Division of Corporations and made them aware of this fact. I was informed to download the form from the internet, write this letter explaining and send the payment.

My corporation has always reported on time if you check the records.

I appreciate your help on this matter. Thank you.

John Estupinan

President'

Sincerely,