

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 01, 2000 8:00 am
Secretary of State
09-01-2000 90004 001 ***158.75

DOCUMENT # P98000023728
Entity Name

MERCOSUR INTERNATIONAL COMM INC
Principal Place of Business
21 BRICKELL BAY DR.
SUITE 2061, MIAMI
FLORIDA-33131
Mailing Address
801 BRICKELL BAY DR
SUITE 2061, MIAMI
FLORIDA - 33131

Principal Place of Business
21 BRICKELL BAY DR.
Suite, Apt. #, etc.
2061
City & State
MIAMI, FLORIDA
Zip
33131
Country
3. Mailing Address
801 BRICKELL BAY DR.
Suite, Apt. #, etc.
2061
City & State
MIAMI, FLORIDA
Zip
33131
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable
5. Certificate of Status Desired
X
\$8.75. Additional Fee Required

6. Name and Address of Current Registered Agent
MERCOSUR INTERNATIONAL
COMMUNICATION INC.
801 BRICKELL BAY DR. SUITE 2061
MIAMI - FLORIDA - 33131

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)
08/30/2000
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, 2000 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

1. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRESIDENT		NAME		
STREET ADDRESS	ROBEN DANIEL ABRAMOVICH		STREET ADDRESS		
CITY-ST-ZIP	801 BRICKELL BAY DR. #2061		CITY-ST-ZIP		
	MIAMI FLORIDA 33131				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

3. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
08-30-00
Date
Daytime Phone #

CR2E034 (9/99)