FILED Jan 13, 2003 8:00 am Secretary of State

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBI

DOCUMENT #

Principal Place of Business

P98000029761

Mailing Address

200 MARTIN LUTHER KING BRIVE BLUE.

1. Entity Name

MERCHANTS MARKETING CORP.

200 MARTIN LUTHER KING BRIVE 11.



RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address 200 M.I 200 M Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0834725 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLLIER, MARIA Street Address (P.O. Box Number is Not Acceptable) 200 DR. MARTIN LUTHER KING DRIVE BLUD RIVIER BEACH FL 33404 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TREASURER ☐ Delete TITLE ☐ Addition NAME AMENGUAL, ISABEL NAME STREET ADDRESS 66 BOURNEFIELD CHARLOTTE AMALIE STREET ADDRESS ST THOMAS U.S. VIRGIN ISLAND 00802 CITY-ST-7IP CITY-ST-ZIP TITLE D PRESIDENT ☐ Delete TITLE Change Addition COLLIER, TERRY NAME STREET ADDRESS 200 DR. MARTIN LUTHER KING DR BLUD STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-ZIP TITLE ☐ Delete SECRETARY TITLE Change ☐ Addition NAME COLLIER, MARIA NAME STREET ADDRESS 200 DR. MARTIN LUTHER KING BAR BLVD STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 33404 CITY-ST-7IP TITLE VICE-PRESIDENT ☐ Delete TITLE ☐ Change Addition BRUNO COUCHARD NAME NAME

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

TITLE

TITLE

NAME

☐ Delete

9267 165 Place NORTH

Jupiter, F1. 33478

Change

☐ Addition

Addition

CR2E034