

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90135 006 \*\*\*150.00

**DOCUMENT # P98000081567**

1. Entity Name

**MERCHANT LIQUIDATING CORP.**

*N/A  
 FLO  
 2/26/02  
 NAD*

Principal Place of Business

**9835 SUNSET DRIVE  
 SUITE 203  
 MIAMI FL 33173**

Mailing Address

**9835 SUNSET DRIVE  
 SUITE 203  
 MIAMI FL 33173**

**39230**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0867632**

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

**FERNANDEZ, JORGE  
 6881 SW 94TH AVE.  
 MIAMI FL 33173**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FERNANDEZ, JORGE L</b>	
STREET ADDRESS	<b>6881 SW 94TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33173</b>	
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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/17/02*

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

39230

#P98000081567

July 17<sup>th</sup>, 2002

Florida Department of State  
Tallahassee, Fla

Re: Merchant Liquidating Corp

Gentlemen,

I have enclosed herewith the annual report for the aforementioned company. Please be advised that the original report was filed back in April of this year. I called your office today and spoke with Madeline who told me that there was a problem with the original filing. She went on to say that on May 4<sup>th</sup> your office send me a letter to that fact. I explained to Madeline that I never said letter. Madeline told me just to sign the enclosed form and return it to you with this letter. She told me that I would not have to pay the additional fees.

If you have any questions regarding the subject matter, please do not hesitate to contact the undersigned at 786 255 9400.

Sincerely,

Jorge Fernandez

