

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90064 041 ***150.00

DOCUMENT # **P99000001768**

1. Entity Name

MER, Inc. Leasing

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7100 W. Camino Real

3. Mailing Address

7100 W. Camino Real

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33433

Country

USA

Zip

33433

Country

USA

4. FEI Number

65-0907169

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Silvestri, Leonard A. Sr.**

Street Address (P.O. Box Number is Not Acceptable)

142 Royal Palm Way

City **Boca Raton**

FL

Zip Code
33432

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 15 Fee is \$150.00
After May 15 Fee is \$550.00
Amended UBR is \$61.25
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

TITLE **P CEO**
NAME **Silvestri, Leonard Sr.**
STREET ADDRESS **7100 W. Camino Real, Suite 201**
CITY-ST-ZIP **Boca Raton, FL 33433**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 2002 (561) 393-8430

Date

Daytime Phone #

CR2E034B (12/01)