

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011362

1. Entry Name

LA MERCED REALTY, INC.

FILED

00 MAY 10 AM 9:48

Principal Place of Business

Mailing Address

C/O ARNOLD PERLSTEIN ESQ.
4801 S UNIVERSITY DR., 2ND FLOOR
DAVIE FL 33328

C/O ARNOLD PERLSTEIN ESQ.
4801 S UNIVERSITY DR., 2ND FLOOR
DAVIE FL 33328-3839

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

10400 NW 33RD ST

3. Mailing Address

10400 NW 33RD ST

Suite, Apt., etc.

230

Suite, Apt., etc.

230

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

04/21/2000-90167-016-\$150.00

4. FEI Number

65-0898419

Applied For

Not Applicable

Zip

33172

Country

U.S.A.

Zip

33172

Country

DAVE

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

PERLSTEIN, ARNOLD ESQ.
4801 S UNIVERSITY DR., 2ND FLOOR
DAVIE FL 33328

Name

MIGUEL MILOSLAVIC

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

10400 NW 33RD ST SUITE 230

City

MIAMI

FL

Zip Code

33172

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

[Handwritten Signature]

4/10/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirements 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. 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		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	
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	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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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	

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 reports 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000

(305) 477-7420

Date

Daytime Phone #

CR2E034 (9/99)