

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

DOCUMENT #

1. Entity Name

199000030369  
Merchant Capital Corp.

FILED

02 APR 22 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

21346 St. Andrews Blvd.

3. Mailing Address

257 Park Ave. South

Suite, Apt. #, etc.

Suite 222

Suite, Apt. #, etc.

Suite 1101

City & State

Boca Raton, FL

City & State

New York, NY

Zip

33433

Country

US

Zip

10010

Country

US

4. FEI Number

88-0343651

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Ronald P. Russo, Jr.

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

21346 St. Andrews Blvd. Ste. 222

City Boca Raton

FL

Zip 33433

**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

Ronald P. Russo, Jr.

*[Signature]*

4/3/02

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when relinquishing)

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 1 Fee is \$150.00  
After May 1, 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 Pres., Sec., Tres.  
NAME Ronald P. Russo, Jr.  
STREET ADDRESS 21346 St. Andrews Blvd. Ste. 222  
CITY-STATE-ZIP Boca Raton, FL 33433

TITLE  
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CITY-STATE-ZIP

300005492949--  
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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)(f), 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 life empowered.

SIGNATURE:

*[Signature]*

Ronald P. Russo Jr.

4/3/02

212-213-5444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B 11/2/01