

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037418

1. Entity Name

MERCHANDISE INTERNATIONAL COMPANY

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90057 026 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

13221 SW 155 Ave

3. Mailing Address

15221 SW 155 Ave

City & State

Miami Florida

City & State

Miami Florida

Zip

Country

33187 Dade

Zip

Country

33187 Dade

4. FEI Number

65-0925995

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

Name

Fernandez Susana

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

15221 SW 155 Ave

City

Miami

FL

Zip Code

33187

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)

☒

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

TITLE PD ☐ Delete
NAME FERNANDEZ, SUSANA
STREET ADDRESS 15221 S.W. 155TH AVENUE
CITY-ST-ZIP MIAMI FL 33187

TITLE SD ☐ Delete
NAME INFANTE, MIRIAN
STREET ADDRESS 9265 SW 45 TERRACE
CITY-ST-ZIP MIAMI FL 33165

TITLE VD ☐ Delete
NAME INFANTE, BORJA
STREET ADDRESS 9265 SW 45 TERRACE
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Secretary
STREET ADDRESS Alejandro Castro
CITY-ST-ZIP 17151 SW 139th
MIAMI FL 33177

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #