

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90058 046 ***150.00

770758

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99 0000 55726
1. Entity Name
 Mercadito, Inc. ✓

Principal Place of Business 20340 NE 10th Rd
 N. Miami Beach, FL 33179
Mailing Address

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.
City & State
Zip **Country**

4. FEI Number 65-0987914
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Jose F. MATTO
 20340 NE 10th Ct. Road
 N. Miami, FL 33179

7. Name and Address of New Registered Agent
Name Jose F. MATTO
Street Address (P.O. Box Number is Not Acceptable) 540 NW 165 Street Rd #200
City Miami **FL** **Zip Code** 33169

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] **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, 2001, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE Jose F. MATTO D <input type="checkbox"/> Delete	NAME
STREET ADDRESS 20340 NE 10th Ct. Road	
CITY-ST-ZIP N. Miami Beach, FL 33179	
TITLE William C. Kercher III D <input type="checkbox"/> Delete	NAME
STREET ADDRESS 1545 Euclid Ave #21	
CITY-ST-ZIP Miami Beach, FL 33139	
TITLE Henry YANIZ, JR. D <input type="checkbox"/> Delete	NAME
STREET ADDRESS 3240 Morris Lane	
CITY-ST-ZIP Miami, FL 33133	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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] **DATE** 4/27/01 **Daytime Phone #** 305-945-0315

CR2E034 (11/00)