2000 UNIFORM BUSINESS REPORT (UBR)

9/7/00-90005-024-$550.00-$550.00

DOCUMENT # P99000063482

1. Entity Name

MERCHANT SYSTEMS INTERNATIONAL, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -5 AM 10:17

000049??

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1109 N. FEDERAL HWY.. #10-11 HOLLYWOOD FL 33020	1109 N. FEDERAL HWY.. #10-11 HOLLYWOOD FL 33020

2. Principal Place of Business	3. Mailing Address
1940 Harrison St	
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.
City & State: HOLLYWOOD	City & State
Zip: 33020 Country: USA	Zip Country

4. FEI Number: 65-0762581 ☐ 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
ESTES, JAMES W 1109 N. FEDERAL HWY., #10-11 HOLLYWOOD FL 33020	Name: ESTES, JAMES W Street Address (P.O. Box Number is Not Acceptable): 1940 HARRISON ST SUITE 300 City: HOLLYWOOD FL Zip Code: 33020

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: JAMES W ESTES DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESTES, JAMES 1109 N. FEDERAL HWY.; #10-11 HOLLYWOOD FL 33020	☐ Delete		☐ Change ☐ Addition
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CR2E034 (5/00)

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 REQUIRED 9/01/00 954-924-9666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #