2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000069538** May 01, 2000 8:00 am Secretary of State MERA TRADING, INC. 05-01-2000 90051 044 ***150.00 Mailing Address Principal Place of Business 6355 S.W. 123RD AVENUE 6355 S.W. 123RD AVENUE MIAMI FL 33183 MIAMI FL 33183-1535 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MERA, IVAN Street Address (P.O. Box Number is Not Acceptable) 6355 S.W. 123RD AVENUE **MIAMI FL 33183** Zip Code FL its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above no ed entity subm SIGNATURE DATE name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition PD TITLE COSTA, FABIO TITLE □ Delete MERA, IVAN NAME NAME SW 123 AVE 6355 S.W. 123RD AVENUE STREET ADDRESS STREET ADDRESS FL 33183 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** ☐ Change ☐ Addition ☐ Delete TITLE TITLE MERA, ZENAIDA NAME NAME STREET ADDRESS STREET ADDRESS 6355 S.W. 123RD AVENUE CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33183** □ Addition ☐ Change TITLE 🛋 Delete TITLE MERA, VANESSA NAME NAME STREET ADDRESS 6355 S.W. 123RD AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33183 Delete Addition TITLE ☐ Change TITLE MERA, ZENNY NAME NAME 6355 S.W. 123RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE 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 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.

Daytime Phone #