

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90073 015 ***150.00

DOCUMENT # P99000070903

1. Entity Name

GRUPO MERCAIMPULSO INTERNATIONAL, CORP.

Principal Place of Business

**1800 WEST 49TH STREET
SUITE 207
HIALEAH FL 33012**

Mailing Address

**1800 WEST 49TH STREET
SUITE 207
HIALEAH FL 33012**

2. Principal Place of Business

1800 W, 49th ST

3. Mailing Address

1800 W, 49th ST

Suite, Apt. #, etc.

301

Suite, Apt. #, etc.

301

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-0940723

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

**RIOS, LEOPOLDO
1800 WEST 49TH STREET
SUITE 207
HIALEAH FL 33012**

Name

Rios, Leopoldo

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

1800 W, 49th STREET**SUITE 301**

City

HIALEAH**FL**

Zip Code

33012

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

4/30/019. 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
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	<input type="checkbox"/> Delete
	PTD			
	TORBAY, CHARLES			
	4440 NW 73RD AVE CCS 2070			
	MIAMI FL 33166			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	SVD			
	TORBAY, MIRNA			
	4440 NW 73RD AVE CCS 2070			
	MIAMI FL 33166			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 (305) 5589469

CR2E034 (10/00)