

2000 UNIFORM BUSINESS REPORT (UBR)

4/1.

FILED
May 17, 2000 8:00 am
Secretary of State

04-13-2000 90062 015 ***150.00

DOCUMENT # P99000091626

1. Entity Name

MERCHANDISING CONCEPTS INC.

Principal Place of Business

Mailing Address

1406 W MCNAB RD
 FT LAUDERDALE FL 33309

1406 W MCNAB RD
 FT LAUDERDALE FL 33309-1122

2. Principal Place of Business

5880 N.W. 60TH ST

3. Mailing Address

5880 N.W. 60TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PARKLAND FL

FL

City & State
PARKLAND FL

FL

4. FEI Number

65-0956658

Applied For

Not Applicable

Zip
33067

Country
BROWARD

Zip
33067

Country
BROWARD

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

~~RAMNARINE~~
~~RAMNARINE, SALESH~~
 1406 W MCNAB RD
 FT LAUDERDALE FL 33309

CORRECTION

Name **SALESH RAMNARINE**

Street Address (P.O. Box Number is Not Acceptable)
5880 N.W. 60TH ST.

City **PARKLAND**

FL

Zip Code **33067**

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 *Salesh K* **SALESH RAMNARINE**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PRESIDENT	SALESH RAMNARINE	5880 N.W. 60TH ST.	PARKLAND, FL 33067	<input type="checkbox"/>
				<input type="checkbox"/>

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

(954) 648-1998

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Salesh K* **SALESH RAMNARINE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/2000

CR2E034 (9/99)