

Amended

06-03-2002 91201 045 ****61.25

FILED P99000091626

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02 JUN -7 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80124205

DOCUMENT # P99000091626
1. Entity Name
Merchandising Concepts INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5830 NW 60th St
Suite, Apt. #, etc.

3. Mailing Address
5830 NW 60th St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Parkland, FL
Zip: 33067
Country: USA

4. FEI Number: 65-0956658
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Pammarine, Salesh
Street Address (P.O. Box Number is Not Acceptable): 5830 NW 60th St
City: Parkland, FL
Zip Code: 33067

DO NOT WRITE IN THIS SPACE

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	
TITLE: P/D NAME: Salesh Pammarine STREET ADDRESS: 5830 NW 60th St CITY-ST-ZIP: Parkland, FL 33067	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: VP NAME: Alison Sapp STREET ADDRESS: 5830 NW 60th St CITY-ST-ZIP: Parkland, FL 33067	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Alison Sapp 5/30/02 954-971-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)