


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000091626 1. Entity Name MERCHANDISING CONCEPTS INC.		
Principal Place of Business 5830 NW 60TH STREET PARKLAND, FL 33067	Mailing Address 5830 NW 60TH STREET PARKLAND, FL 33067	
1. Principal Place of Business 7334 NW 19th Ct Date, Apt. #, etc.	2. Mailing Address 7334 NW 19th Ct Date, Apt. #, etc.	4. FEI Number 85-0956658
City & State Pembroke Pines, FL Zip 33024	City & State Pembroke Pines, FL Zip 33024	
6. Name and Address of Current Registered Agent RAJNARINE, SALESH 6830 NW 60TH STREET PARKLAND, FL 33067		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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. I am familiar with, and accept the obligations of, the stated agent.		
SIGNATURE: <i>[Signature]</i> <small>Signature of the registered agent or the registered agent's authorized representative.</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD RAJNARINE, SALESH 6830 NW 60TH STREET PARKLAND, FL 33067	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-STATE-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(2)(b), 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 recipient of the information reported in accordance with this report as required by Chapter 487, Florida Statutes; and that my name appears in Part 10 or Part 11 of this report, or on an attached file with an address, with all other the empowered.		
SIGNATURE: <i>[Signature]</i>		4/7/03 954-989-6339

90135348



CHECK HERE IF MAKING CHANGES

CORRECTION (10/1/02)