

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90238 013 ***158.75

DOCUMENT # P99000100671

1. Entity Name

MERCEDE EXECUTIVE PARK, INC.

Principal Place of Business

**1868 NORTH UNIVERSITY DR., #204
 PLANTATION FL 33322**

Mailing Address

**1868 NORTH UNIVERSITY DR., #204
 PLANTATION FL 33322**

2. Principal Place of Business

3. Mailing Address

c/o CARUSO & CARUSO CPAs PA.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6971 N. Fed Hwy # 300

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33487

USA

4. FEI Number

59-1516535

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

Name

MICHAEL A. CARUSO

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

c/o CARUSO & CARUSO CPAs PA.

6971 N. Fed Hwy, # 300

City

BOCA RATON

FL

Zip Code

33487

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]

PRESIDENT

1-16-01

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, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MERCEDE, JOHN F | |
| STREET ADDRESS | 1868 NORTH UNIVERSITY DR., #204 | |
| CITY-ST-ZIP | PLANTATION FL 33322 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | DIRECTOR / PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MICHAEL A. CARUSO | |
| STREET ADDRESS | 6971 N. Fed. Hwy # 300 | |
| CITY-ST-ZIP | BOCA RATON, FL 33487 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1-16-01

Date

Daytime Phone #

561-995-1070

CR2E034 (10/00)