

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90324 023 ***150.00

DOCUMENT # V55397

1. Entity Name
MERLYN INSURANCE AGENCY ENTERPRISES, CORP.

Principal Place of Business

765 W 16 ST
 HIALEAH FL 33010
 US

Mailing Address

765 W 16 ST
 HIALEAH FL 33010
 US

2. Principal Place of Business

1840 WEST 49th ST.

3. Mailing Address

1840 WEST 49th ST

Suite, Apt. #, etc.

727

Suite, Apt. #, etc.

727

City & State
 HIALEAH, FL

City & State
 HIALEAH, FL

4. FEI Number **65-0373234**

Applied For

Not Applicable

Zip
 33012

Country
 USA

Zip
 33012

Country
 USA

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

DE PAZ, MARIA
 765 W 16TH ST
 HIALEAH FL 33010

Name

MARIA DE PAZ

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

1840 WEST 49th ST, STE 727

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PD** ☐ Delete
 NAME **DE PAZ, MARIA**
 STREET ADDRESS **765 WEST 16TH STREET**
 CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **PD** ☒ Change ☐ Addition
 NAME **DE PAZ, MARIA**
 STREET ADDRESS **1840 WEST 49th ST., 727**
 CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **DP** ☐ Delete
 NAME **DEPAZ, MOISES**
 STREET ADDRESS **10955 SW 36TH STREET**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
File # V55397
122458

Merlyn Insurance Agency Ent., Corp.
1840 West 49th Street, Ste 727
Hialeah, FL 33012

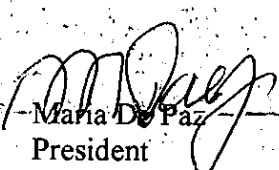
July 16, 2002

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Dear Dept. of State:

Due to our relocation, we did not receive the Uniform Business Report for this year on time. It has finally been forwarded to us by the US post office.
Due to our circumstances, I request that the penalty for late filing be waived for this year.
Thank you in advance.

Sincerely,


Maria De Paz
President