

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90201 044 ***150.00

DOCUMENT # V55397

1. Entity Name
MERLYN INSURANCE AGENCY ENTERPRISES, CORP.



Principal Place of Business

**1840 WEST 49TH STREET
SUITE 721
HIALEAH FL 33012
US**

Mailing Address

**1840 WEST 49TH STREET
SUITE 727
HIALEAH FL 33012
US**

2. Principal Place of Business

1840 West 49th
Suite, Apt. #, etc:
721

City & State
Hialeah

Zip
Fla 33012

3. Mailing Address

1840 West 49th
Suite, Apt. #, etc:
suite 721

City & State
Hialeah

Zip
Fla 33012



☐ CHECK HERE IF MAKING CHANGES

4. EEI Number **65-0373234** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE PAZ, MARIA
1840 WEST 49TH STREET
SUITE 721
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name: **MARIA DE PAZ**
Street Address (P.O. Box Number, Not Applicable)
1840 West 49th suite 721
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 **mpaz 2/20/03 MARIA DE PAZ.** (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DE PAZ, MARIA 1840 WEST 49TH STREET, SUITE 727 HIALEAH FL 33012 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DEPAZ, MOISES 10955 SW 36TH STREET MIAMI FL 33165 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V.P. moises de Paz. 10955 SW 36th MIAMI FLA 33165 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)