

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90859 038 ***150.00

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

DOCUMENT # 900000095108
 1. Entity Name
MERKATUM CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1200 ANASTASIA AVENUE</u>		3. Mailing Address <u>1200 ANASTASIA AVENUE</u>	
Suite, Apt. #, etc. <u>450</u>		Suite, Apt. #, etc. <u>450</u>	
City & State <u>CORAL GABLES FLORIDA</u>		City & State <u>CORAL GABLES FLORIDA</u>	
Zip <u>33134</u>	Country <u>USA</u>	Zip <u>33134</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1047161</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>JOSE LUQUE</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1200 ANASTASIA AVE #450</u>
City <u>CORAL GABLES FL</u> Zip Code <u>33134</u>

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent or both, in the State of Florida.

SIGNATURE [Signature] DATE 4/5/02
Signature of officer or principal named or registered agent and date applicable. (NOTE: Registered Agent signature required when re-appointing)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (see criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE <u>CEO</u>	NAME <u>JOSE LUQUE</u>	TITLE	
STREET ADDRESS <u>1200 ANASTASIA #450</u>	CITY-ST-ZIP <u>CORAL GABLES, FL 33134</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 filers or directors.

SIGNATURE: [Signature] DATE: 4/5/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)