

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

04-25-2000 90004 031 ***158.75

DOCUMENT # **P96000008351**

1. Entity Name
MEGO CORPORATION
(DBA) THE PETAL SHOPPE

Principal Place of Business Mailing Address
9600 SW 8 STREET #35 | **10825 SW 118 CT**
MIAMI, FL. 33170 | **MIAMI, FL. 33186**

2. Principal Place of Business 3. Mailing Address

9600 SW 8 STREET | **10825 SW 118 CT**

Suite, Apt. #, etc. Suite, Apt. #, etc.
35 | **+**

City & State City & State
MIAMI FL. | **MIAMI FL.**

Zip Country Zip Country
33174 USA | **33186 USA**

4. FEI Number **65-0637476** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

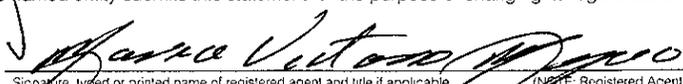
6. Name and Address of Current Registered Agent

MEJIA, MARIA V.
10825 SW 118 CT
MIAMI, FL. 33186

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.

SIGNATURE  **MARIA VICTORIA MEJIA** **3/18/00**
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

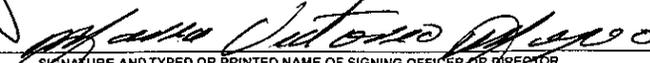
11. OFFICERS AND DIRECTORS

TITLE	PD	LAST NAME	<input type="checkbox"/> Delete
NAME	MARIA V. MEJIA		
STREET ADDRESS	10825 SW 118 CT		
CITY-ST-ZIP	MIAMI FL. 33186		
TITLE	VP		<input type="checkbox"/> Delete
NAME	GUERRERO, JOSE		
STREET ADDRESS	10825 SW 118 CT		
CITY-ST-ZIP	MIAMI FL. 33186		
TITLE	T		<input type="checkbox"/> Delete
NAME	GONZALEZ, MAURICIO		
STREET ADDRESS	10825 SW 118 CT		
CITY-ST-ZIP	MIAMI FL. 33186		
TITLE	SEC		<input type="checkbox"/> Delete
NAME	GUERRERO, CARLA		
STREET ADDRESS	10825 SW 118 CT		
CITY-ST-ZIP	MIAMI, FL. 33186		
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:  **5/18/00** **305-485-9919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)