

2001 UNIFORM BUSINESS REPORT (UBR)

0169302

DOCUMENT # P97000072260

1. Entity Name
MEGA TRACK INTERNATIONAL, CORP.

FILED

01 MAY -1 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

8567 CORAL WAY
#107
MIAMI FL 33155

Mailing Address

8567 CORAL WAY
#107
MIAMI FL 33155

2. Principal Place of Business

8567 CORAL Way
Suite, Apt. #, etc.
PMB 107

3. Mailing Address

8567 CORAL Way
Suite, Apt. #, etc.
PMB 107

City & State

MIAMI, FL

City & State

MIAMI FL

4. FEI Number

65-0776570

Applied For
Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOFANO, JOSE MIGUEL
8567 CORAL WAY, PMB 107
MIAMI FL 33155

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARRERE, JUAN JOSE	
STREET ADDRESS	8567 CORAL WAY, #107	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LOFANO, JOSE MIGUEL	
STREET ADDRESS	8567 CORAL WAY, #107	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BOROMEI, ALICIA IRMA	
STREET ADDRESS	8567 CORAL WAY, PMB107	
CITY-ST-ZIP	MIAMI FL 33155	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100004194281--3
CITY-ST-ZIP	-05/11/01--01005--003 ****158.75 ****158.75
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J M LOFANO

4/30/01

Date

305-301-0531

Daytime Phone #

CR2E034 (10/00)