

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039419

1. Entity Name
MEGALITE USA, INC.

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90037 034 ***150.00

Principal Place of Business

1482 SW 97 LANE
DAVIE FL 33324

Mailing Address

9715 W BROWARD BLVD
STE 200
PLANTATION FL 33324

2. Principal Place of Business

11615 SW 112 AVENUE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number **65-0873413**

Applied For

Not Applicable

Zip

33176

Country

USA

Zip

Country

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

CARSON, WAYNE
2750 FOREST HILL BLVD #103
WPB FL 33406

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PSD
STREET ADDRESS ABADIAN, VAHID
CITY-ST-ZIP 1482 SW 97TH LANE
DAVIE FL 33324

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11615 SW 112 AVENUE
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete
NAME T
STREET ADDRESS SAMPSON, MARVIN
CITY-ST-ZIP 1482 SW 97TH LANE
DAVIE FL 33324

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11615 SW 112 AVENUE
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

Marvin Sampson MARVIN SAMPSON

Date

4/10/01

Daytime Phone #

305-259-8503

CR2E034 (10/00)