

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2003 8:00 am  
Secretary of State

02-26-2003 90118 006 \*\*\*150.00

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DOCUMENT # **P99000019888**

1. Entity Name  
**MEGNA ENTERPRISES, INC.**



Principal Place of Business  
**210 STATE RD. #7  
HOLLYWOOD FL 33023**

Mailing Address  
**C/O MAS  
P O BOX 771210  
CORAL SPRINGS FL 33007-1210**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0899305**

Applied For  
Not Applicable

Zip Country

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

**RAHMAN, ANISUR  
210 STATE RD. #7  
HOLLYWOOD FL 33023**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  Delete  
**PDS  
RAHMAN, ANISUR  
210 S STATE RD # 7  
HOLLYWOOD FL 33023**

TITLE NAME  Change  Addition  
*SHAHIN KAACHER*

TITLE NAME  Delete  
**VD  
RAHMAN, MIZANUR  
210 S STATE RD # 7  
HOLLYWOOD FL 33023**

TITLE NAME  Change  Addition

TITLE NAME  Delete  
**SD  
MAH, MOHAMMED M  
210 S STATE RD # 7  
HOLLYWOOD FL 33023**

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  Addition  
**SD  
SHAHIN KAACHER  
210 S. STATE ROAD # 7  
HOLLYWOOD FL 33023**

TITLE NAME  Delete

TITLE NAME  Change  Addition

TITLE NAME  Delete

TITLE NAME  Change  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]* **PRECEDENT** 954-966-7989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)