

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004282

1. Entity Name  
MEGA HOME EQUITIES INC.

Principal Place of Business  
109-20 101 ST AVE.  
RICHMOND HILL NY 11419

Mailing Address  
109-20 101 ST AVE.  
RICHMOND HILL NY 11419

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 11-3425342

Applied For  
Not Applicable

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

COMPLIANCE CONSULTING CORPORATION OF FLORIDA  
407 S DIXIE HWY, STE 5  
LAKE WORTH FL 33460

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

TITLE P  
NAME SINGH, KRISHNA  
STREET ADDRESS 109-20 101ST AVE.  
CITY- ST- ZIP RICHMOND HILL NY

☐ Delete

TITLE D  
NAME DHANPAT, KOMAL  
STREET ADDRESS 109-20 101ST AVE.  
CITY- ST- ZIP RICHMOND HILL NY

☒ Delete

TITLE D  
NAME HITLALL, DHARAM  
STREET ADDRESS 101-20 101ST AVE.  
CITY- ST- ZIP RICHMOND HILL NY

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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

KRISHNA SINGH 01/08/2001 (718) 323-4210

Date

Daytime Phone #

FILED  
Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90018 034 \*\*\*155.00



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)