

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000001396

1. Entity Name
Myatel Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7154 N. University Dr.

3. Mailing Address
same

Suite, Apt. #, etc.
142

Suite, Apt. #, etc.

City & State
Tamarac, FL

City & State

Zip
33321

Country
USA

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Richard H. Breit

Street Address (P.O. Box Number is Not Acceptable)
1001 NW 95 Terrace

City
Plantation

FL

Zip Code 33322

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

Richard H. Breit

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President, Director
Tamara Jayatilleke
7154 N University Dr. #142
Tamarac, FL 33321

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Martine Cadet
7154 N University Dr. #142
Tamarac, FL 33321

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Secretary, Treasurer
Lalindra Jayatilleke
7154 N University Dr. #142
Tamarac, FL 33321

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/02 9542615223

Date

Daytime Phone #