## 2001 UNIFORM BUSINESS REPORT (UBR)

19001

SIGNATURE:

Mar 02, 2001 8:00 am Secretary of State DOCUMENT # P0000014472 MEGANO CORPORATION... 01-30-2001 90173 042 \*\*\*150.00 Principal Place of Business Mailing Address 8725 NW 117TH ST. 8725 NW 117TH ST. SUITE 12 SUITE 12 HIALEAH GARDENS FL 33018-1997 HIALEAH GARDENS FL 33018-1997 2. Principal Place of Business. 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-2217168 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VARGAS, MIGUEL Street Address (P.O. Box Number is Not Acceptable) 8725 NW 117TH ST. SUITE 12 HIALEAH GARDENS FL 33018-1997 City 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 2 app&cable. (NOTE: Registered Agent algorature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be "Tax filing requirement and elects to do so.--After MAY-1, 2001: Fee will be \$550.00 = Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 3R2E034 (10/00) TITLE ☐ Delete TIDE ☐ Addition VARGAS, MIGUEL NAME NAME STREET ADDRESS 8725 NW 117TH ST. SUITE 12 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH GARDENS FL 33018-1997 Addition TITLE Change TITLE Delete MARTINEZ, REGLAS C NAME NAME STREET ADDRESS STREET ADDRESS 8725 NW 117TH ST. SUITE 12 CITY-ST-718 CITY-ST-78 HIALEAH GARDENS FL 33018-1997 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITE F Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 applicase, with all other like empowered. Kresident 14

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