2002 UNIFORM BUSINESS REPORT (UBR)

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FILED Jul 14, 2002 8:00 am

Principia Place of Business 972 NW 117TH ST. 973 NW 117TH ST. 973 NW 117TH ST. 974 NALEAH GARDENS FL 30016-1997 HALEAH GARDENS FL 30016-1997 DO NOT WRITE IN THIS SPACE City & State Applied for New Applicacio Sc. Certificate of Status Dealerd Sc. Certificate of No. Number is No. Acceptable) The State Address of No. Number is No. Acceptable Sc. Certificate of Status Dealerd Sc. Certificate of	1. Entity Na	JMENT # P000	00014472			Secretary 07-14-2002 90048	of Sta	ate	
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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 Name SANCHEZ, RAUL 13237 N.W. 4 TERRACE MIAMI FL 33128 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 and title if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. See criterion on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS CITY-ST-ZIP MIAMI FL 33128 CITY-ST-ZIP Delete TITLE V ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE V ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE V ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE V ORDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIREET ADDRESS SIREET ADD	City & State		City & State		4.	FEI Number 52-2217168	<u> </u>	''	
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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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE.

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

Delete

10 813 9716

☐ Change

☐ Change

☐ Addition

☐ Addition

July 10, 2002

TO WHOM MAY IT CONCERN:

Serve this letter to request from you guys a waiver for only one time the penalty and accept the \$150 for the UBR for this year.

Cordially

Raul Sanchez PRESIDENT

MEGANO CORP. P00000014472