


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90179 023 ***150.00

DOCUMENT # P00000014472

1. Entity Name
MEGANO CORPORATION



Principal Place of Business
8725 NW 117TH ST.
SUITE 12
HIALEAH GARDENS FL 33018-1997

Mailing Address
8725 NW 117TH ST.
SUITE 12
HIALEAH GARDENS FL 33018-1997

2. Principal Place of Business
8725 NW 117TH ST
Suite, Apt. #, etc.
SUITE 12

3. Mailing Address
2702 SW 143 AVE
Suite, Apt. #, etc.

City & State
Hialeah Gardens FL

City & State
Miami, Florida

Zip 33018 **Country** USA

Zip 33175 **Country** USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2217168

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

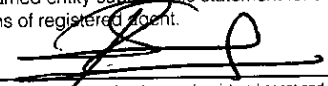
6. Name and Address of Current Registered Agent

SANCHEZ, RAUL
13237 N.W. 4 TERRACE
MIAMI FL 33128

7. Name and Address of New Registered Agent

Name SANCHEZ RAUL
Street Address (P.O. Box Number is Not Acceptable)
2702 SW 143 AVE
City Miami FL Zip Code 33175

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  **Registered Agent.** 1/10/2003

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, RAUL 13237 N.W. 4 TERRACE MIAMI FL 33128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANCHEZ RAUL 2702 SW 143 AVE MIAMI FL 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUTIERREZ, MODESTO 13237 N.W. 4 TERRACE MIAMI FL 33128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** President 1/10/2003 786-229-1046

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)