2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am DOCUMENT # P00000015854 .-Secretary of State 1. Entity Name 05-14-2001 90178 002 ***150.00 Megen Corporation Principal Place of Business Mailing Address 2940 NW 72 no street MIAMI, FL 33147 - OLD Address A0064899 Principal Place of Business Mailing Address 39215W47#Avenue 3921541471-Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Duite City & State Applied For City & State 4. FEI Number DY (Ja <u>5a-aai</u> 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 nomas Hatami ttatam. 2940 NW 72 Street MIAMI, FL 33147 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 Ö Added to Fees Trust Fund Contribution. (See criteria on back)-Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (11/00) Scaletary ITreasurer TITLE ☐ Delete TITLE Yresident Thomas Hotamil #1014 Nerly Hatami NAME NAME 89215W 47% Avenue, #1014 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33314 CITY-ST-ZIP 2011e, FL 33314 TITLE VICE Prosident Delete TITLE Change Addition William D'Roulle 3921 3647th Avenue #1014 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP aute FL 333 Delete ☐ Change Addition TITLE Treasure/ MARIA Palkovics NAME NAME 39215W474 Avenue # 1014 STREET ADDRESS STREET ADDRESS Davie, FL 33314 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. SIGNATURE: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR