## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P00

P00000024140

1. Entity Name

MEGA WHOLESALES CORPORATION



Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90196 049 \*\*\*150.00

**FILED** 

MEGA W	TOLLOALLO OOM ONAT										
Principal Place of Business Mailing Address 5522 NW 163 STREET 5522 NW 163 ST MIAM! FL 33014 MIAM! FL 33014				STREET			•				
2. Principal Place of Business			3. Mailing Address				-		<b>   </b>	ill aleas ilais es	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE	IF MAKING	CHANGES	
City & State			City & State				<b>4.</b> F	4. FEI Number 65-0991466			oplied For ot Applicable
Zip	Country	. Zip		Coun	try	يل سيب	<b>5</b> . C	Certificate of Status Desired		\$8.75-Add	titional
	6. Name and Address of Cur	rent Registere	ed Agent				7. N	lame and Address of New F		<del></del>	
or removed or announced and					Name					<u>-</u>	
NG, CHOR LAM			Street Address			ddroos /	(P.O. Box Number is Not Acceptable)				
5522 NW 163 STREET					Olieet A	uu.000 (1		ov Hallings in Not Acceptable	·)		
MIAMI FL	33014										
					City				FL	Zip Cod	<u></u> е
	named entity submits this stateme										
the obliga	tions of registered agent.			J			Ŭ				
SIGNATURE	Signature, typed or printed name of registered	agent and title if app	licable. (NOT	E: Registere	d Agent signatu	ire required	when rei	instating)	DATE		
F	ILE NOW!!! FEE IS \$150.00										
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State								<ol> <li>Election Campaign Fir Trust Fund Contribution</li> </ol>			0 May Be d to Fees
10.	OFFICERS /	AND DIRECTO	RS	11.			ADI	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	3 IN 11
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NAME STREET ADDRESS	ING, CHOR LAM			NAM CTD							
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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 REQUIRATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sicretary

03/26/03

Davrime Phone #

CR2E034 (10/02