

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90101 006 \*\*\*150.00

DOCUMENT # P00000025790

1. Entity Name  
MEGADON INVESTMENTS, INC.



Principal Place of Business  
7700 NORTH KENDALL DRIVE, SUITE 809  
MIAMI FL 33156

Mailing Address  
7700 NORTH KENDALL DRIVE, SUITE 809  
MIAMI FL 33156

2. Principal Place of Business  
685 WEST 70 PLACE  
Suite, Apt. #, etc.

3. Mailing Address  
685 WEST 70 PLACE  
Suite, Apt. #, etc.

City & State  
HIALEAH, FL.  
Zip 33014 Country U.S.

City & State  
HIALEAH, FLORIDA  
Zip 33014 Country U.S.

4. FEI Number 65-0990179

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SALAZAR, GERMAN A  
7700 NORTH KENDALL DRIVE, SUITE 809  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name ERIC SILVA  
Street Address (P.O. Box Number is Not Acceptable)  
685 WEST 70 PLACE  
City HIALEAH, FLORIDA FL Zip Code 33014

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/2003

**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  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SILVA, ERIC W 685 WEST 70 PLACE HIALEAH FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILVA, ERIC W 685 WEST 70 PLACE HIALEAH FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-03

(305) 2703145

Date

Daytime Phone #

CR2E034 (10/02)