

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90053 029 ***150.00

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DOCUMENT # P00000067956

1. Entity Name
MEGA MEALS, INC.

Principal Place of Business
2501 E. COMMERCIAL BLVD., SUITE 203
FORT LAUDERDALE FL 33309

Mailing Address
1170 HILLSBORO MILE
#302
HILLSBORO BEACH FL 33062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1170 Hillsboro mile
Suite, Apt. #, etc. #302

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Hillsboro Bch FL
 Zip
33062 Country
Barad

City & State

Zip

Country

4. FEI Number **65-1028249**

Applied For
 Not Applicable

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

SCHNUR, STUART
2501 E. COMMERCIAL BLVD., SUITE 203
FORT LAUDERDALE FL 33309

Name **STUART SCHNUR**
 Street Address (P.O. Box Number is Not Acceptable)
1170 Hillsboro mile
#302
 City **Hillsboro Bch** **FL** Zip Code **33062**

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 **3/8/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SCHNUR, STUART**
 STREET ADDRESS **2501 E. COMMERCIAL BLVD., SUITE 203**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SCHNUR, ARTHUR**
 STREET ADDRESS **2501 E. COMMERCIAL BLVD., SUITE 203**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 **9/904 657-2177**
 Date Daytime Phone #

CR2E034 (9/01)