

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90165 034 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** PQ000074671

**1. Entity Name**

MEGA IMPORT SUPPLY, INC.

**DO NOT WRITE IN THIS SPACE**

B0053623

**2. Principal Place of Business**

1876 N UNIVERSITY DR

**3. Mailing Address**

1876 N UNIVERSITY DR

Suite, Apt. #, etc.

308A

Suite, Apt. #, etc.

308A

**City & State**

PLANTATION, FL

**City & State**

PLANTATION, FL

**4. FEI Number**

65-1031454

**Applied For**

Not Applicable

**Zip**  
33322

**Country**  
USA

**Zip**  
33322

**Country**  
USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**  
RALPH MEDEROS

**Street Address (P.O. Box Number is Not Acceptable)**

4114 NW 4TH TERRACE

**City**  
MIAMI

**FL**

**Zip Code**  
33126

**DO NOT WRITE IN THIS SPACE**

**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**

RALPH MEDEROS

2/15/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P/S/D	LORENZO M SERRANO	1876 N UNIVERSITY DR, 308A	PLANTATION, FL 33322				
VP/D	RAFAEL MARQUEZ	1876 N UNIVERSITY DR, 308A	PLANTATION, FL 33322				
T/D	VALENTIN P BERNAL	1876 N UNIVERSITY DR, 308A	PLANTATION, FL 33322				

**DO NOT WRITE IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)