

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90264 028 ***150.00

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1. Entity Name
MEGA IMPORT SUPPLY, INC.



Principal Place of Business
1876 N UNIVERSITY DR
308A
PLANTATION FL 33322
US

Mailing Address
1876 N UNIVERSITY DR
308A
PLANTATION FL 33322
US



2. Principal Place of Business
10400 NW 33 ST

3. Mailing Address
10400 NW 33 ST

Suite, Apt. #, etc.
SUITE 270

Suite, Apt. #, etc.
SUITE 270

City & State
Miami - FL

City & State
Miami - FL

Zip
33172

Country
USA

Zip
33172

Country
US

4. FEI Number **65-1031454**

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

MEDEROS, RALPH
4114 NW 4TH TERRACE
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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

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

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	SERRANO, LORENZO M	
STREET ADDRESS	1876 N UNIVERSITY DR 308A	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MARQUEZ, RAFAEL	
STREET ADDRESS	1876 N UNIVERSITY DR 308A	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERNAL, VALENTIN P	
STREET ADDRESS	1876 N UNIVERSITY DR 308A	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, LORENZO M.	
STREET ADDRESS	10400 NW 33 ST. Suite 270	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ, RAFAEL	
STREET ADDRESS	10400 NW 33 ST. Suite 270	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNAL, VALENTIN P.	
STREET ADDRESS	10400 NW 33 ST. Suite 270	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an otherlike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/03
Date

(986) 357 8871
Daytime Phone #

CR2E034 (10/02)