

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

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90008 042 ***150.00

DOCUMENT # *P00000108682*

1. Entity Name

MEGATAN U.S.A. OF FLORIDA INC

DO NOT WRITE IN THIS SPACE

B0050058

2. Principal Place of Business

9858 GLADES RD

3. Mailing Address

9858 GLADES RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-1060320

Applied For

Not Applicable

Zip

33434

Country

FLA BCU

Zip

33434

Country

FLA BCU

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BRIAN TEUKIN

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

11641 NW 13 MANOR

City

CORAL SPRINGS FL

Zip Code

33071

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

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
PRESIDENT
NAME
BRIAN TEUKIN
STREET ADDRESS
11641 NW 13 MANOR
CITY-ST-ZIP
CORAL SPRINGS FL 33071

TITLE
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STREET ADDRESS
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**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)