

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90435 004 ***150.00

DOCUMENT # P01000025831

1. Entity Name

KA MEG, INC.

Principal Place of Business

2240 W FAIRBANKS AVE
WINTER SPRINGS FL 32789

Mailing Address

2240 W FAIRBANKS AVE
WINTER SPRINGS FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2240 W FAIRBANKS AVE.

Suite, Apt. #, etc.

2240 W FAIRBANKS AVE.

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

Zip

32789

Country

Zip

32789

Country

4. FEI Number

59-3706324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NGUYEN, KEVIN

2240 W FAIRBANKS AVE
WINTER SPRINGS FL 32789

7. Name and Address of New Registered Agent

Name

NGUYEN, KEVIN

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

2240 W FAIRBANKS AVE.

City

WINTER PARK

FL

Zip Code

32789

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)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	DANG, ANNE	
STREET ADDRESS	4105 SHADE TREE LOOP #1	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	NGUYEN, KEVIN	
STREET ADDRESS	4105 SHADE TREE LOOP #1	
CITY-ST-ZIP	ORLANDO FL 32810	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNE DANG, ANNE	
STREET ADDRESS	4406 PARK EDEN CIR.	
CITY-ST-ZIP	ORLANDO, FL 32810	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NGUYEN, KEVIN	
STREET ADDRESS	4406 PARK EDEN CIR.	
CITY-ST-ZIP	ORLANDO, FL 32810	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kevin Nguyen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN NGUYEN

01/30/02 (407)647-3005

Date

Daytime Phone #

CR2E034 (9/01)