

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90210 007 ***150.00

DOCUMENT # P01000067179	
1. Entity Name MEIGGANAR CORPORATION	
Principal Place of Business 343 191 STREET SUNNY ISLAND, FL 33160	Mailing Address 343 191 STREET SUNNY ISLAND, FL 33160



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 343-191 TERRACE Suite, Apt. #, etc.	3. Mailing Address 343-191 TERRACE Suite, Apt. #, etc.	4. FEI Number 65-1119627	Applied For <input type="checkbox"/> Not Applicable
City & State Sunny Island, FL	City & State Sunny Island, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33160	Country	Zip 33160	Country

6. Name and Address of Current Registered Agent VEGA, JOSE M 25 S.E. 2 AVE. #410 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PEREYRA, CLAUDIO NELSON 343-191 TERRACE SUNNY ISLAND, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANUEL, PEREYRA A 343-191 TERRACE SUNNY ISLAND, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: C.N. PEREYRA Pres 4/14/03 (305) 936-0250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)