FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Sep 10, 2003 8:00 am Secretary of State P01000095890 DOCUMENT # 09-10-2003 90062 028 \*\*\*550.00 1. Entity Name MEG IMPORTS, INC. Principal Place of Business Mailing Address 1150 NW 72ND STE 730 1150 NW 72ND STE 730 STE 410 **STE 410** MIAMI FL 33126 MIAMI FL 33126 incipal Place of Business RLVD BLVD CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 65-1146774 318CAYNE Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDUARNO GALLARDO, EDUARDO Box Number is Not Acesptable) 1150 NW 72ND STE 730 STE 410 **MIAMI FL 33126** 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. ! am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550,00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. CR2E034 (4/03) TITLE ■ Addition TITLE □ Delete GALLARDO, EDUARDO GALLARDO, EDUARDO NAME. NAME 198 elandon BLUD. APT 24 STREET ADDRESS 1150 NW 72ND STE 730 STE 410 STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE D۷ ☐ Delete TITLE 798 CRANDEN BLUD AT 24 NAME GALLARDO, MARIA E NAMÉ STREET ADDRESS 1150 NW 72ND STE 730 STE 410 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Change TITLE Delete TITLE Addition NAME NAME\_ STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP 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 eath; that I am an officer or director of the corporation or the receiver or pushes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

changed, or on an attachment with