

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90054 017 ***150.00

DOCUMENT # P02000062308



1. Entity Name
MEGA TRANSPORT, INC.

Principal Place of Business
**6430 SW 57TH CT.
MIAMI FL 33143**

Mailing Address
**6430 SW 57TH CT.
MIAMI FL 33143**



2. Principal Place of Business
5004 SW 134 COURT
Suite, Apt. #, etc.

3. Mailing Address
5004 SW 134 COURT.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami FL

4. FEI Number
02-0614453

Applied For
Not Applicable

Zip
33175

Country

Zip
33175

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASVIDAL, FERNANDO
6430 SW 57TH CT.
MIAMI FL 33143**

Name
Street Address (P.O. Box Number is Not Acceptable)
5004 SW 134 COURT.
City **Miami** FL Zip Code **33175**

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 reinstating) 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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Delete
NAME **MASVIDAL, FERNANDO**
STREET ADDRESS **6430 SW 57TH CT.**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **MASVIDAL, FERNANDO.**
STREET ADDRESS **5004 SW 134 COURT.**
CITY-ST-ZIP **Miami, FL 33175**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: **FERNANDO MASVIDAL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/23/03** 305-986-9465
Daytime Phone #

CR2E034 (10/02)