

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90184 010 \*\*\*158.75

**DOCUMENT #** P02000124824

**1. Entity Name**  
MEGA INTERNATIONAL USA, CORP.



**Principal Place of Business**  
6500 SW 34TH ST.  
MIAMI FL 33155

**Mailing Address**  
6500 SW 34TH ST.  
MIAMI FL 33155

**2. Principal Place of Business**

2700 GLADES CIRCLE

**3. Mailing Address**

155 Ocean Lane DRIVE

Suite, Apt. #, etc.

SUITE 109

Suite, Apt. #, etc.

APT 804

City & State

WESTM, FL

City & State

KEY BISCAYNE, FL

Zip

33327

Country

USA

Zip

33149

Country

USA

**4. FEI Number**

01-0754957

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

GONZALEZ, MARY B  
9460 FONTAINEBLEAU BLVD., APT. #331  
MIAMI FL 33155

**7. Name and Address of New Registered Agent**

Name: NELSON SALAS  
Street Address (P.O. Box Number is Not Acceptable): 155 Ocean Lane DRIVE  
APT. 804  
City: KEY BISCAYNE FL Zip Code: 33149

**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: *[Signature]* Registered Agent: *[Signature]* Date: March 14, 2003

**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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROCA, ERNESTO E 6500 SW 34TH ST. MIAMI FL 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GONZALEZ, MARY B 9460 FONTAINEBLEAU BLVD., APT. #331 MIAMI FL 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL R. HOLLAND 405 W SIMPSON ST. MECHANICS BURG, PA 17055	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MARIA FERNANDA DE AIBA 2700 GLADES CIRCLE SUITE 109 WESTM, FL 33327	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *[Signature]* 3/27/03 954-3850792  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARIA FERNANDA DE AIBA

CR2E034 (10/02)