

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90283 030 ***150.00

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

DOCUMENT # P94000063023

1. Entity Name
MEGTEC OF AMERICAS COMPANY CORP.



Principal Place of Business

555 NE 15TH ST
#7723
MIAMI, FL 33132 US

Mailing Address

555 NE 15TH ST
#7723
MIAMI, FL 33132 US

2. Principal Place of Business

8757 NW 35 Lane
Suite, Apt. #, etc.
5

3. Mailing Address

2630 NE 203RD ST
Suite, Apt. #, etc.
106

City & State

Miami Florida

City & State

Aventura

Zip
33172

Country

Zip
33180

Country

4. FEI Number

65-0513995

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDES, EDSON A
665 NE 16 ST
#7723
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name

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

8757 NW 35 Lane

#5

City

Miami

FL

Zip Code

33180

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]

APRIL 15 2003

Signature, typed or printed name of registered agent and under applicable.

(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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MENDES, EDSON A	
STREET ADDRESS	555 NE 15TH ST STE #7723	
CITY-ST-ZIP	MIAMI, FL 33132	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 15 2003

Date

Daytime Phone #

CR2E034 (10/02)