

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090353

1. Entity Name

MEGA ELECTRIC, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90130 039 ***158.75

Principal Place of Business

Mailing Address

1050 WEST 45TH PLACE
HIALEAH FL 33012

1050 WEST 45TH PLACE
HIALEAH FL 33012-3309

2. Principal Place of Business

3. Mailing Address

8560 N.W. 169 Terr.

8560 N.W. 169 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

4. FEI Number

65-0554557

Applied For

Not Applicable

Zip

Country

33016

U.S.

Zip

Country

33016

U.S.

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

GAVILAN, MARITZA D
1050 WEST 45TH PLACE
HIALEAH FL 33012

Name

MARITZA DE LOS REYES-GAVILAN

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

8560 N.W. 169 Terr.

City

Miami

FL

Zip Code

33016

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.

SIGNATURE

MARITZA DE LOS REYES-GAVILAN

[Signature]

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

(NOTE: Registered agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GAVILAN, ARISTIDES	
STREET ADDRESS	1050 WEST 45TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GAVILAN, MARITZA D	
STREET ADDRESS	1050 WEST 45TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
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	PRESIDENT (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVILAN, ARISTIDES R.	
STREET ADDRESS	8560 N.W. 169 TERR.	
CITY-ST-ZIP	MIAMI, FL 33016	
TITLE	VICE-PRESIDENT (V)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVILAN-MARITZA R.	
STREET ADDRESS	8560 N.W. 169 TERR.	
CITY-ST-ZIP	MIAMI, FL 33016	
TITLE	SECRETARY (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIDIA MATOS	
STREET ADDRESS	1060 W. 45 PL	
CITY-ST-ZIP	HIALEAH, FL 33012	
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-2000 (305) 828-5205

CR2E034 (9/99)