2002 UNIFORM BUSINESS REPORT (UBR)

MIAMI FL 33016

3. Mailing Address N.W. 169 Terr.

P94000090353 DOCUMENT # 1. Entity Name MEGA ELECTRIC, INC. Principal Place of Business Mailing Address 8560 N.W. 169 TERR. 8560 N.W. 169 TERR.

MIAMI FL 33016

Suite, Apt. #, etc.

2. Principal Place of Business 8560 N.W. 169 Terr.

FILED May 07, 2002 8:00 am & Secretary of State

05-07-2002 90255 022 ***158.75

HUU057714

Daytime Phone #



Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
MCity & Sta	LAKES, FI	City & State M; AN; LAK	State LAKES, FI 4		FEI Number 65-0554557		Applied For
			Country			\$8.75 Ac	dditional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
OANII AAN AAADITTA D				Name REYES-GAVILAN ARISTIDES			
GAVILAN, MARITZA D			Street Address (P.O. Box Number is Not Acceptable)				
8560 N.W. 169 TERR.							
MIAMI FL 33016			8560 N.W. 169 Terrace				
	- O 21				LAKES FL		816
8. The above	named entity subspite this pratement for t	he purpose of changing its re	egistered office o	or registered ac	gent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or whinted name of positioned agent and	. ARISTIDE	_	YES-6	AVILAN PUSD 4-2	4-02	2
				<u> </u>	37.112		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! F After May 1, 2002					10. Election Campaign Financing	\$5.0	DO May Be
	ria on back)	After May 1, 2002 Make Check Payable			Trust Fund Contribution.		d to Fees
- William Tribut Tuyuni to							
TITLE	PD OFFICERS AND DI		12.		DDITIONS/CHANGES TO OFFICERS AND		
NAME	GAVILAN, ARISTIDES	Delete	TITLE	PD	CAVUAN ADISTIDES	Change	☐ Addition 3
STREET ADDRESS	8560 N.W. 169 TERR.		NAME STREET ADDRESS	REYES	GAVILAN ARISTIDES		9
CITY-ST-ZIP	MIAMI FL 33016		CITY-ST-ZIP	8360	NW 169 TERR.	16	5
TITLE	VSD	Delete					———— i
NAME	GAVILAN, MARITZA D	TEI Delete	TITLE NAME	VSD.	•	Change	☐ Addition č
STREET ADDRESS	8560 N.W. 169 TERR.		STREET ADDRESS	REYES	- GAVILAN ARISTIDES	5	ŀ
CITY-ST-ZIP	MIAMI FL 33016	•	CITY-ST-ZIP	8560	NW 169 TERE: LAKES FI 330	//]
TITLE		Delete -	TITLE	MIHHI			
NAME	,	Delete C	NAME	-		☐ Change	☐ Addition
STREET ADDRESS	•		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		□ Delete	TITLE	,			
NAME		L beliefe	NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				}
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME			NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				İ
CITY-ST-ZIP			CITY-ST-ZIP				ĺ
TITLE		☐ Delete	TITLE		,	☐ Change	☐ Addition
NAME			NAME		•		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		7	CITY-ST-ZIP				
of the corp	or an attachment with a address with	ared to execute this report as all other like empowered.	required by Cha	pter 607, Floric	19.07(3)(i), Florida Statutes. I further certifegal effect as if made under oath; that I am da Statutes; and that my name appears in I	n an officer Block 11 or	or director Block 12 if
	GNATUME AND TYPED OR PRINT	TEO NAME OF SIGNING OFFICER OR I	DIRECTOR			time Phone #	 (