2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **P96000002523** Apr 21, 2000 8:00 am Secretary of State MEGA MAINTENANCE, INC. 04-21-2000 90143 032 ***158.75 Principal Place of Business Mailing Address 22412 ENSENADA WAY 22412 ENSENADA-WAY-BOCA RATON-FL 23433 BOGA-RATON FL 33439-4627 Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0647601 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent -SUHANDRON, INGRID-22412 ENSENADA WAY BOCA RATON FL 33433 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition Delete TITLE TITLE SUHANDRON, INGRID> NAME STREET ADDRESS 22412 ENSENADA WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOGA-RATON FL 33433 ☐ Addition Delete TITLE Change TITLE SUHANDRON, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 22412 ENSENADA WAY CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL** Buhandron Kenneth ☐ Delete TITI F TITLE SUHANDRON, KENNETH NAME NAME acoo Banks Road #222 STREET ADDRESS STREET ADDRESS 441-S FEDERAL-HWY C/O-DMI CITY-ST-ZIP Mor. da 33063 CITY-ST-ZIP DEERFIELD BEACH FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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