

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90076 019 \*\*\*150.00

0143854

**DOCUMENT # P96000046222**

1. Entity Name

**MEGA PAINTING, CORP.**

Principal Place of Business

Mailing Address

~~621 NE 82 STREET~~  
~~MIAMI FL 33137~~  
~~US~~

~~5600 NW 7TH CT.~~  
~~G-203~~  
~~MIAMI FL 33126~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

**11 OLIVE DR**

**4315 NW 7TH ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**H**

**SUITE #51**

City & State

City & State

**MIAMI FL**

**MIAMI FL**

Zip

Country

Zip

Country

**33010**

**US**

**33126**

**US**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VILLALOBOS, JUAN**

~~2922 NE 2ND CT~~  
~~MIAMI FL 33137~~

Name

**JUAN VILLALOBOS**

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

**11 OLIVE DR**

**APT. H**

City

**MIAMI**

**FL**

Zip Code

**33010**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/17/01**

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, 2001 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** ☐ Delete  
NAME **VILLALOBOS, JUAN**  
STREET ADDRESS **2922 NE 2ND CT**  
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **PD** ☒ Change ☐ Addition  
NAME **VILLALOBOS JUAN**  
STREET ADDRESS **11 OLIVE DR APT H**  
CITY-ST-ZIP **MIAMI FL 33010**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: **JUAN VILLALOBOS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**

DATE

**3/17/01**

DAYTIME PHONE #

**(305) 342-4071**

CR2E034 (10/00)