

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070746

1. Entity Name

MEGATECH INTERNATIONAL CORP.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90043 035 ***158.75

Principal Place of Business

1745 PALM COVE BLVD.
 SUITE 207
 DELRAY BEACH FL 33445

Mailing Address

1745 PALM COVE BLVD.
 SUITE 207
 DELRAY BEACH FL 33445-6779

2. Principal Place of Business

2230 SPRING HARBOR DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE-1

City & State

DELRAY BEACH FL

City & State

Zip

33445

Country

PALM BEACH

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0717803

Applied For

Not Applicable

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

KHAN, SAFAQUAT
 1745 PALM COVE BLVD.
 SUITE 207
 DELRAY BEACH FL 33445

→ Only change of
 address.

Name

KHAN, SAFAQUAT

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

2230 SPRING HARBOR DR. STE-1

City

DELRAY BEACH

FL

Zip Code

33445

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

4-29-00

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 ☐ Delete
 NAME D
 STREET ADDRESS KHAN, SAFAQUAT H
 CITY-ST-ZIP 2230 SPRING HARBOR BLVD #1
 DELRAY BEACH FL 33445-6903

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 ☐ Delete
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00

Date

(561) 274-6567

Daytime Phone #

CR2E034 (9/99)