

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90019 004 ***158.75

DOCUMENT # P96000070746

1. Entity Name
MEGATECH INTERNATIONAL CORP.

Principal Place of Business
440 EAST SAMPLE RD.
105
POMPANO BEACH FL 33064

Mailing Address
440 EAST SAMPLE RD.
105
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
2230 SPRING HARBOR DRIVE STE -1
DELRAY BEACH FL 33445

Name **SAME**

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

5391 SW 32nd WAY

City **HOLLYWOOD**

FL

Zip Code **33312**

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 _____ (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, 2002 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 **D** ☐ Delete
NAME **KHAN, SAFAQUAT H**
STREET ADDRESS **2230 SPRING HARBOR BLVD #1**
CITY-ST-ZIP **DELRAY BEACH FL 33445-6903**

TITLE **D** ☒ Change ☐ Addition
NAME **KHAN, SAFAQUAT H**
STREET ADDRESS **5391 SW 32nd WAY**
CITY-ST-ZIP **HOLLYWOOD, FL-33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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
S. SAFAQUAT H. KHAN

01/16/02

954-781-3073

Date

Daytime Phone #

CR2E034 (9/01)