

FILED
Jun 21, 2001 8:00 am
Secretary of State

06-21-2001 90003 009 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088823

1. Entity Name

MEGABLIND, INC.

Principal Place of Business

20911 JOHNSON ST
BAY #124
PEMBROKE PINES FL 33029
US

Mailing Address

16047 NW 21ST
PEMBROKE PINES FL 33028
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0705509

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, EDUARDO
501 BRICKELL KEY DRIVE STE 400
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 acceptable.

(NOTE: Registered Agent's signature required when running.)

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, 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

TITLE PD
NAME OCARIZ, JORGE O
STREET ADDRESS 16047 NW 21ST
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE VD
NAME ORTEGA, ANDREA B
STREET ADDRESS 16047 NW 21 ST
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE T
NAME ORTEGA, ALTHEA D
STREET ADDRESS 12983 NW 7TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

13. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 in all other like empowered.

SIGNATURE:

ANDREA ORTEGA

04/30/01

(954) 4374795

SIGNATURE AND TYPE, AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (10/00)