

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 08, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000053646

1. Entity Name
MEGATRON COMPUTER SYSTEMS, INC.

Principal Place of Business
15285 SW 107 LN
224
MIAMI FL 33196 US

Mailing Address
12975 SOUTHWEST 190 TERRACE
MIAMI FL 33177

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
65-0761544

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAKER GARY D.
12975 SW 190 TERRACE
MIAMI FL 33177 US

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 _____ DATE 04/08/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSTD	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	33177	Delete
NAME	BAKER GARY D						<input type="checkbox"/>
STREET ADDRESS	12975 SOUTHWEST 190 TERRACE						
CITY-ST-ZIP	MIAMI						
TITLE							<input type="checkbox"/>
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							<input type="checkbox"/>
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							<input type="checkbox"/>
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							<input type="checkbox"/>
NAME							
STREET ADDRESS							
CITY-ST-ZIP							

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Gary D Baker

PSTD 04/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)