FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90708 020 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015451

1. Entity Name
MEGASEX INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5611 N. STATE Rd 7	5611 N. STATE RD 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT LAUDERDALE	City & State: Ft LAUDERDALE
Zip: 33319 Country:	Zip: 33319 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0819437 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JACK T. FOLCO

Street Address (P.O. Box Number is Not Acceptable): 2320 NE 32ND CT

City: Lighthouse Point FL Zip Code: 33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACK T. FOLCO
STREET ADDRESS	2320 NE 32ND CT
CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE	VP
NAME	P PASCH
STREET ADDRESS	5611 N STATE Rd 7
CITY-ST-ZIP	Ft LAUDERDALE FL 33319
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #