

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074212

i. Entity Name

MEGALINX COMMUNICATIONS CORP.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90082 024 ***158.75

Principal Place of Business Mailing Address
6234 White Oak Ct.
Jupiter FL 33458
US

2. Principal Place of Business 3. Mailing Address
240 W Palmetto Park Rd 240 W Palmetto Park Rd
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 320 Suite 320

DO NOT WRITE IN THIS SPACE

City & State City & State
Boca Raton FL Boca Raton FL
Zip Country Zip Country
33432 USA 33432 US

4. FEI Number 65-0867929
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Carrie Du Toit
15320 SW 153rd St.
Miami FL 33187

7. Name and Address of New Registered Agent

Name
Cynthia Lamb
Street Address (P.O. Box Number is Not Acceptable)
250 NW 10th St
City Boca Raton FL Zip Code 33432

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  CARRIE DUTOIT DATE 4/20/00
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees


11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	Du Toit Carrie	6234 White Oak Ct.	Jupiter FL 33458	
	Lamb Cynthia	250 NW 10th St	Boca Raton, FL 33432	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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  Cynthia A Lamb DATE 4/20/00 Daytime Phone # 561-750-5535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)