

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084001

1. Entity Name

MEGAN SOUTH, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90042 015 ***550.00

Principal Place of Business

Mailing Address

~~3550 BISCAYNE BLVD, STE 705~~
~~MIAMI FL 33137~~

~~3550 BISCAYNE BLVD, STE 705~~
~~MIAMI FL 33137~~

6521 Orange Drive
 Davie, FL 33314

6521 Orange Drive
 Davie, FL 33314

2. Principal Place of Business

6521 Orange Drive

3. Mailing Address

6521 Orange Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, Florida

City & State

Davie, Florida

4. FEI Number

65-0866073

Applied For

Not Applicable

Zip

33314

Country

USA

Zip

33314

Country

USA

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

STEIN, GARY M

3550 BISCAYNE BLVD, STE 705
 MIAMI FL 33137

Name

Stein, Gary M.

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

6521 Orange Drive

City

Davie

FL

Zip Code
 33314

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 if applicable.

(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, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	RULLO, GEORGE	
STREET ADDRESS	3550 BISCAYNE BLVD, STE 705	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	AKINS, RONALD	
STREET ADDRESS	3550 BISCAYNE BLVD, STE 705	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME	RULLO, EVA MARIE	
STREET ADDRESS	3550 BISCAYNE BLVD, STE 705	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rullo, George	
STREET ADDRESS	6521 Orange Drive	
CITY-ST-ZIP	Davie, FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Naphor, Eva Marie	
STREET ADDRESS	6521 Orange Drive	
CITY-ST-ZIP	Davie, FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

Date

Daytime Phone #

GEORGE Rullo

7/2/00 (954) 316-7000