

2004 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P990000023986**

4. Entity Name

Mega Express Cafe, Inc. (LA)**FILED**
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90206 003 ***150.00

Principal Place of Business

Mailing Address

B0059648

2. Principal Place of Business

3. Mailing Address

6830 NW 16th TERRACE **11217 LAKEVIEW DRIVE**

Suite, Apt. #, etc.

FORT LAUDERDALE**Coral Springs**

City & State

FL

City & State

FL

Zip

33309

Country

U.S.A.

Zip

33071

Country

U.S.A.

4. FEI Number

65-0904158

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

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 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MICHAEL DELGARDIO
11217 LAKEVIEW DRIVE
CORAL SPRINGS FL 33071 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

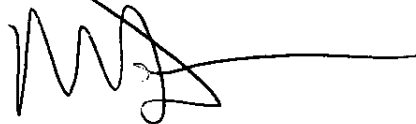
CR2E034 (1/100)

June 1, 2001

Department of State

I talked to Kathy over the phone about a check made out to Florida Department of State and Division of Corporations, for the amount of \$150.00, I checked my records and it showed the check was not cashed, Kathy said to send another check for the amount of \$150.00 to the Department of State, to cover the other lost check, and not to be charged for any late fees. That would be very appreciated.

Thank you very much,
Michael Delgardio

A handwritten signature in black ink, appearing to be 'Michael Delgardio', written below the printed name.