

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000037659**1. Entity Name
MEGAIDEAS.COM, INC.**Principal Place of Business**

10201 HAMMOCKS BLVD., STE. 153-271

MIAMI
33196

FL

Mailing Address

10201 HAMMOCKS BLVD., STE. 153-271

MIAMI
33196

FL

2. Principal Place of Business

10201 HAMMOCKS BLVD

3. Mailing AddressSuite, Apt. #, etc.
153-271

Suite, Apt. #, etc.

City & State

MIAMI

FL

City & StateZip
33196

Country

Zip

Country

4. FEI Number**65-0915743**

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 AgentPOLO ANDRES E
16403 SW 95TH LANEMIAMI
33196

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/29/2001

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**

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GONZALEZ MIKE | |
| STREET ADDRESS | 10201 HAMMOCKS BLVD #153-2711 | |
| CITY-ST-ZIP | MIAMI FL 33196 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | HENRIQUEZ JIMMY | |
| STREET ADDRESS | 9745 SW 128 STREET | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | POLO ANDRES | |
| STREET ADDRESS | 16403 SW 95 LANE | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| 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 | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| 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 | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: Andres E Polo

P

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)