

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000069556**1. Entity Name
MEGA PRICE ELECTRIC II INC.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90379 012 ***150.00

Principal Place of Business
**2205 PONCE DE LEON
CORAL GABLES FL 33144**Mailing Address
**2205 PONCE DE LEON
CORAL GABLES FL 33144**2. Principal Place of Business
2471 NW 72 Avenue
Suite, Apt. #, etc.3. Mailing Address
2471 NW 72 Avenue
Suite, Apt. #, etc.City & State
Miami, FL.City & State
Miami, FL.4. FEI Number **65-0938269**Applied For
Not ApplicableZip
33122Country
USAZip
33122Country
USA5. 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****ALAYETO, ESTHER
5900 CELLINI STREET
CORAL GABLES FL 33146**

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 State10. 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 **PD** ☐ Delete
NAME **ALAYETO, ESTHER**
STREET ADDRESS **5900 CELLINI STREET**
CITY-ST-ZIP **CORAL GABLES FL 33146**TITLE **PD** ☒ Change ☐ Addition
NAME **Esther Alayeto**
STREET ADDRESS **2471 NW 72 Avenue**
CITY-ST-ZIP **Miami, FL. 33122**TITLE **VD** ☒ Delete
NAME **ONORATO, ROBERTO**
STREET ADDRESS **5900 CELLINI STREET**
CITY-ST-ZIP **CORAL GABLES FL 33146**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **ALAYETO, ROBERTO**
STREET ADDRESS **5900 CELLINI STREET**
CITY-ST-ZIP **CORAL GABLES FL 33146**TITLE **TD** ☒ Change ☐ Addition
NAME **Roberto Alayeto**
STREET ADDRESS **2471 NW 72 Avenue**
CITY-ST-ZIP **Miami, FL. 33122**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ 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: **Esther Alayeto** **Esther A. Alayeto** **4/30/2001** **(305) 522-5058**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)