

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91751 045 ***150.00

DOCUMENT # *P99000077066*

1. Entity Name

*MEGABYTE COMPUTER & WEB SERVICES
CORP.*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18495 S. DIXIE Hwy, P.O. #144

3. Mailing Address

(SAME)

Suite, Apt. #, etc.

MIAMI, FL 33157

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0944256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOHN T. JAVORSKI

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

18121 SW 139 CT

City

MIAMI

FL

Zip Code

33177

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>PRESIDENT</i>
NAME	<i>JOHN T. JAVORSKI</i>
STREET ADDRESS	<i>18121 SW 139 CT</i>
CITY - ST - ZIP	<i>MIAMI, FL 33177</i>
TITLE	<i>U.P.</i>
NAME	<i>ILEANA JAVORSKI</i>
STREET ADDRESS	<i>18121 SW 139 CT</i>
CITY - ST - ZIP	<i>MIAMI, FL 33177</i>
TITLE	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ILEANA

JAVORSKI

VP

5/9/02

Date

Daytime Phone #

786-564-1026

CR2E034B (12/01)