

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2000 8:00 am
Secretary of State

05-16-2000 90024 049 ***150.00
 08-21-2000 90209 050 ***558.75

DOCUMENT # P99000082238

1. Entity Name
MEGH ENTERPRISES, INC.

Principal Place of Business

~~990 LE JEUNE ROAD~~
~~MIAMI FL 33142~~

Mailing Address

~~990 LE JEUNE ROAD~~
~~MIAMI FL 33142~~

A0073451



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

990 S.W. LeJeune Road **Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, FL

City & State

City & State

Zip

Country

Zip

Country

33134

USA

4. FEI Number

65-0950835

Applied For

Not Applicable

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

DUARTE, GINA C
990 LE JEUNE ROAD
MIAMI FL 33142

Name

Duarte-Romero Gina C.

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

990 S.W. LeJeune Rd.

City

Miami

FL

Zip Code

33134

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

8-15-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PSD	<input type="checkbox"/> Delete
NAME	DUARTE, GINA C	Duarte-Romero, Gina C.
STREET ADDRESS	990 LE JEUNE ROAD	990 S.W. LeJeune Rd.
CITY-ST-ZIP	MIAMI FL 33142	Miami, FL 33134
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	SIABA, MARTHA	
STREET ADDRESS	990 LE JEUNE ROAD	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-00 (305) 443-

Date

Daytime Phone #

6297

CR2E034 (5/00)