

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000093830**

1. Entity Name

Mega Freight International, Inc.

Principal Place of Business

**8437 NW 68th St.
Miami Fl. 33166**

Mailing Address

**8437 NW 68th St.
Miami Fl. 33166**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0961039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**Sanchez Reinaldo
42 NW 74th Avenue
Miami Fl. 33126**

7. Name and Address of New Registered Agent

Name

Evelyn Duarte

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

4381 SW 144 Pl.

City

Miami

FL

Zip Code

33175

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] President

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, 2000 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 **PD** ☒ Delete

NAME **Sanchez, Reinaldo**
STREET ADDRESS **42 NW 74th Avenue**
CITY-ST-ZIP **Miami Fl. 33126**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
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CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition

NAME **Evelyn Duarte**
STREET ADDRESS **4381 SW 144 Pl.**
CITY-ST-ZIP **Miami, Fl. 33165**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/01/00 (305) 406-2406

Date

Daytime Phone #

00063598

DO NOT WRITE IN THIS SPACE

FILED

00 SEP -6 AM 10:29

**SUPREMACY OF STATE
TALLAHASSEE, FLORIDA**

CR2E034 (9/99)