


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90227 003 \*\*\*150.00

**DOCUMENT # 249428**

1. Entity Name  
**M G P INC**



Principal Place of Business  
1351 SW 141 AVENUE  
G-301  
PEMBROKE PINES FL 33027  
US

Mailing Address  
1351 SW 141 AVENUE  
G-301  
PEMBROKE PINES FL 33027  
US



2. Principal Place of Business  
**433-41 ST.**

3. Mailing Address  
**7611 SOUTHAMPTON TERR**

Suite, Apt. #, etc.  
**A-116**

CHECK HERE IF MAKING CHANGES

City & State  
**MIAMI BEACH, FL.**

City & State  
**TAMARAC, FL**

Zip  
**33040**

Country  
**U.S.A.**

Zip  
**33321**

Country  
**USA**

4. FEI Number  
**59-0954370**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOLLOWICK, PATRICIA**  
1351 SW 141 AVENUE  
G-301  
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name  
**A-116**

Street Address (P.O. Box Number is Not Acceptable)  
**7611 SOUTHAMPTON TERR**

City  
**TAMARAC**

FL Zip Code  
**33321**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WOLLOWICK, PATRICIA 1351 SW 141ST AVENUE BLDG G APT 301 PEMBROKE PINES FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD TESHER, ROBERT 200 S OCEAN BLVD APT 6E BOCA RATON FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD LOWE, SANDRA L 3500 34TH AVE. HOLLYWOOD FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Wollowick* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-24-03 Daytime Phone #: 954-720-6064

CR2E034 (10/02)