

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90188 024 \*\*\*150.00

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**DOCUMENT # 674706**

1. Entity Name  
**M.G. INTERNATIONAL, INC.**



Principal Place of Business  
**420 NW 98TH AVE  
PEMBROKE PINES FL 33024**

Mailing Address  
**420 NW 98TH AVE  
PEMBROKE PINES FL 33024**

2. Principal Place of Business

**4121 SW 90 COURT**  
Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 652405**  
Suite, Apt. #, etc.

City & State  
**MIAMI, FL.**

Zip  
**33165**

Country  
**USA**

City & State  
**MIAMI, FL**

Zip  
**33265**

Country  
**USA**

4. FEI Number **59-2006779**

Applied For  
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GILBERT, ABEL MENENDEZ  
420 NW 98TH AVENUE  
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name  
**ABEL MENENDEZ-ELBERT**  
Street Address (P.O. Box Number is Not Acceptable)  
**4121 SW 90 COURT**  
City  
**MIAMI** FL Zip Code  
**33165**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/7/03**

**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 GILBERT, ABEL MENENDEZ 420 NW 98TH AVE PEMBROKE PINES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD GILBERT, JEAN MENENDEZ 420 NW 98TH AVE PEMBROKE PINES 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
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	<b>ABEL MENENDEZ-ELBERT 4121 SW 90 COURT MIAMI, FL. 33165</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JEAN MENENDEZ 4121 SW 90 COURT MIAMI, FL. 33165</b>	<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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/03**

Date

Daytime Phone #

CR2E034 (10/02)