2002 UNIFO	RM BUSINESS REPORT (UBR)		
DOCUMENT # 1. Entity Name	A32697	FILED	
M & MG INVESTMENTS (	02 APR 26 AF		
Principal Place of Business C/O MOORE & COMPANY 2318 E. ATLANTIC BLVD. POMPANO BEACH FL 33062	Mailing Address  C/O MOORE & COMPANY  2318 E. ATLANTIC BLVD.  POMPANO BEACH FL 33062	SECRETARY OF TALLAHASSEE, I	
2. Principal Place of Business	3. Mailing Address	-{	
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C/O MOORE & COMPANY 2318 E. ATLANTIC BLVD. POMPANO BEACH FL 33062		C/O MOORE & COMPANY 2318 E. ATLANTIC BLVD. POMPANO BEACH FL 33062		TALLAHASSEE, FLORIDA					
2. Principal Place of Business 3. Mail		3. Mailing Address	ailing Address			************************************		IBII BIBIT BEBÜ BIBIT BEBÜ IKBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002				
City & State		City & State		4. FEI Number	4. FEI Number CE 021011E Applied For				
Zip Country		Zip	Country		5. Certificate o	f Status Desired		Not Applicable \$8.75 Additional	
-	6. Name and Address of Current	Registered Agent	<u> </u>	<del></del>		ddress of New Re	_	Fee Required	
AGARWAL, AJAY K C/O MOORE & COMPANY 2318 E. ATLANTIC BOULEVARD POMPANO BEACH FL 33062			  -  -  -	Name Street Addre	ddress (P.O. Box Number is Not Acceptable)  FL Zip Code				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable.			istered agent, or both,	in the State of Flor	ida.		
9. Capital Co as Shown		10. Amount of Capit in FLORIDA to d		utions	660			TO DEPT. OF STATE R FEE INFORMATION	
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN	IIM YTITU	IST RE RÉG	SISTEDED AND AC	TIVE WITH THE	OFFICE		
12.	GENERAL PARTNER	INFORMATION	13.	an amengn	nent must be med	ADDRESS CHAN			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GUPTA, MOHAN L M.D. 8396 WEST OAKLAND BLVD. SUNRISE FL 33351		STREET	ADDRESS ST-ZIP	<b>6000054500669</b> -05/03/0201058008				
DOCUMENT <b>#</b> NAME	CUDTA METALL		STREET	ADDRESS		****52	<del>26.25</del>	****526.25	
STREET ADDRESS CITY-ST-ZIP	GUPTA, MEENU 8396 WEST OAKLAND BLVD. SUNRISE FL 33351		CITY-S	<u> </u>					
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DOCUMENT # NAME STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP			CITY-ST	-ZIP			<u> </u>	-	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER