FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 07, 2001 8:00 am Secretary of State DOCUMENT # P99000056632 MGG CAPITAL CORP. 02-07-2001 90181 041 \*\*\*150.00 Principal Place of Business Mailing Address 10471 SW 126TH STREET 10471 SW 126TH STREET MIAMI FL 33176-4749 MIAMI FL 33176-4749 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 55-0929957 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GROSS, LESUE J'ESO. Street Address (P.O. Box Number is Not Acceptable) 10471 SW 126TH STREET MIAMI FL 33176-4749 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MADHANI, NAZIR NAME NAME 1700 DOUGLAS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRIMAN FL 33025 CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition GLOVANNETTI, PAUL NAME NAME 13345 SW 106TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP STD ☐ Delete TITLE Change Addition GROSS, LESLIE J NAME NAME STREET ADDRESS :1047.1:SW:.126.ST: STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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

SIGNATURE:

SIGNATURE AND TYPED OR SHINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/01 305-235-132