2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000100382**

MRAG AMERICAS, INC.

Principal Place of Business

5445 MARINER STREET

SUITE 303

TAMPA FL 33609-3437

Zip

SIGNATURE

Mailing Address

12908 AIR WAY STREET PANAMA CITY FL 32404-2833

Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	 .	
City & State	City & State		

May 01, 2000 8:00 am Secretary of State

05-01-2000 90370 037 ***150.00

722650

DO NOT WRITE	IN THIS SPACE					
FEI Number CF 0705040	Applied For					
65-0735910	Not Applicable					

6. Name and Address of Current Registered Agent

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

Country

YOUNG, JUDITH C. 12908 AIR WAY STREET PANAMA CITY FL 32404

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

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

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.

4.

The above harried charg	, additing and draigning in	ior the perpose of the	 		
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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

(NOTE: Registered Agent signature required when reinstating)

Country

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

\$8.75 Additional

Zip Code

FL

DATE

Fee Required

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition DPST ☐ Delete TITLE TITI F BEDDINGTON, JOHN R NAME NAME STREET ADDRESS STREET ADDRESS 47 PRINCE'S GATE CITY-ST-ZIP CITY-ST-ZIP LONDON SW 7 2QA UNITED KINGD ☐ Change ☐ Addition ☐ Delete TITLE TITLE PARKES, GRAEME NAME NAME STREET ADDRESS STREET ADDRESS 5445 MARINER STREET, SUITE 303 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33609-3437 . . Change ☐ Addition - Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME

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 with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

CR2E034 (9/99