## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 25, 2001 8:00 am Secretary of State DOCUMENT # F98000002929 1. Entity Name 06-14-2001 90014 043 \*\*\*150.00 MCG GROUP, INC. 07-25-2001 90014 031 \*\*\*400.00 Principal Place of Business Mailing Address 3900 VETERANS HIGHWAY SUITE 171 3900 VETERANS HIGHWAY SUITE 171 BOHEMIA NY 11716 BOHEMIA NY 11716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 11-3325641 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FRANK, BRENDA Street Address (P.O. Box Number is Not Acceptable) 6010 NW 99TH AVE. PARKLAND FL 33076 City 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 DATE Managan apalingan Managan apalingan 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 ☐ Change Addition TITLE ☐ Delete T/TLE NAME FRANK, BRENDA NAME STREET ADORESS STREET ADDRESS 6010 NW 99TH AVE. CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33076 ☐ Change Addition TITLE ☐ Delete TITLE FRANK, MONICA L MAME NAME STREET ADDRESS STREET ADDRESS 39 SOUTH SNEDECOR AVENUE CITY-ST-ZIP CITY-ST-ZIP **BAYPORT NY** Maddition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP CITY-ST-21P ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TIME Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: Daysime Phone #

**FILED**