

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J62066

1. Entity Name

LMG GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7925 N.W. 12th Street

3. Mailing Address
2450 S.W. 137th Avenue

Suite, Apt. #, etc.
Suite 121

Suite, Apt. #, etc.
Suite 221

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33126

Country
USA

Zip
33175

Country
USA

2001 AMENDED

4. FEI Number
59-2787994

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
A&P Registered Agent, Inc.

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

2450 S.W. 137th Avenue, Suite 221

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, D
Hector McDogall
7925 N.W. 12 Street, # 121, Miami, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP, T, D
Edward Palenzuela
7925 N.W. 12 Street, # 121, Miami, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Alexis Guzman
7925 N.W. 12 Street, # 121, Miami, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS, D
Yeny Gomez
7925 N.W. 12 Street, # 121, Miami, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/27/02 (305)
477-9057

CR2E034B (12/01)