

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L10806

1. Entity Name  
NMG, INC.



**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90204 046 \*\*\*150.00

Principal Place of Business  
6102 SAVOY CIRCLE  
LUTZ FL 33558

Mailing Address  
C/O JOHN AGLIANO 201 NO FRANKLIN ST.  
STE 2600  
TAMPA FL 33602



2. Principal Place of Business

3. Mailing Address

C/O JOHN AGLIANO, 201 NO. FRANKLIN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 2600

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

33602

USA

4. FEI Number 59-2963730

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN J. AGLIANO ESQ.  
201 NO. FRANKLIN STREET  
STE 2600  
TAMPA FL 33602

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S  
NAME HOROWITZ, INGRID  
STREET ADDRESS 3 WHIPPOWILL RD  
CITY-ST-ZIP ARMONK NY 10504 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE C  
NAME FRIEDMAN, HAROLD  
STREET ADDRESS 7 GRACIE SQUARE  
CITY-ST-ZIP NEW YORK NY 10028 ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INGRID HOROWITZ, SECRETARY

Date

1/20/03 478-5900

Daytime Phone #

CR2E034 (10/02)