

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90213 045 \*\*\*150.00

**DOCUMENT # L34640**

1. Entity Name  
**M-G OF FT. PIERCE, INC.**



Principal Place of Business  
**% RICHARD P. ZARETSKY**  
**1655 PALM BEACH LAKES BLVD., STE. 900**  
**W. PALM BEACH FL 33401**

Mailing Address  
**% RICHARD P. ZARETSKY**  
**1655 PALM BEACH LAKES BLVD., STE. 900**  
**W. PALM BEACH FL 33401**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
Zip Country

4. FEI Number **65-0180592** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ZARETSKY, RICHARD P.**  
**1655 PALM BEACH LAKES BLVD.**  
**SUITE 900**  
**W. PALM BEACH FL 33401**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	GRUBER, MAURICE	
STREET ADDRESS	99 POWERHOUSE ROAD	
CITY-ST-ZIP	ROSLYN HEIGHTS NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEVIN, JAMES	
STREET ADDRESS	99 POWERHOUSE ROAD	
CITY-ST-ZIP	ROSLYN HEIGHTS NY	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRUBER, PHILIP	
STREET ADDRESS	99 POWERHOUSE RD STE 102	
CITY-ST-ZIP	ROSLYN HEIGHTS NY 11577	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:** **JAMES P. LEVIN, SECRETARY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/03 (516) 4845900**

Date Daytime Phone #

CR2E034 (10/02)