

2000 UNIFORM BUSINESS REPORT (UBR)

X001627 AF

DOCUMENT # L99000000145

1. Entity Name
MGP ACQUISITION, L.C.

FILED

00 APR 25 PM 12: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1920 EAST HALLANDALE BEACH BLVD.
SUITE 700
HALLANDALE FL 33009

Mailing Address
1920 EAST HALLANDALE BEACH BLVD.
SUITE 700
HALLANDALE FL 33009-4725



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

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

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name: DAVID E. MARKO
Street Address (P.O. Box Number is Not Acceptable)
3001 SW 31st Avenue
City MIAMI, FL Zip Code 33129

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 *D Marko* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MGP ACQUISITION CORP. 1920 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003230208--7 -04/28/00--01131--001 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Donald A. Molta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/12/00
Date

954-455-3231
Daytime Phone #

CR2E083 (9/99)