

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M39286

1. Entity Name

M - G PROPERTIES INVESTMENTS, INC.

Principal Place of Business

P. O. BOX 558455  
MIAMI FL 33255

Mailing Address

P. O. BOX 558455  
MIAMI FL 33255

2. Principal Place of Business

P.O. Box 558455

3. Mailing Address

P.O. Box 558455

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL.

City & State

Miami, FL.

Zip

33255

Country

DADE

Zip

33255

Country

DADE

4. FEI Number

59-2725703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALONSO, GASTON  
16800 SW 78 PL  
MIAMI FL 33157

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 PT ☐ Delete  
NAME ALONSO, MARIA  
STREET ADDRESS 16800 SW 78 PL  
CITY-ST-ZIP MIAMI FL 33157

TITLE VS ☐ Delete  
NAME ALONSO, GASTON  
STREET ADDRESS 16800 SW 78 PL  
CITY-ST-ZIP MIAMI FL 33157

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 this 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:

Maria E. Alonso

President

4-25-01

(305) 253-8887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E034 (10/00)

0502221

FILED  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90109 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE