

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90075 024 ***150.00

DOCUMENT # M99738

1. Entity Name
THE MSR GROUP, INC.

Principal Place of Business
201 ALHAMBRA CIRCLE
SUITE 804
CORAL GABLES FL 33134
US

Mailing Address
201 ALHAMBRA CIRCLE
SUITE 804
CORAL GABLES FL 33134
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0076764**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERMAN, GARY L
201 ALHAMBRA CIRCLE
SUITE 804
CORAL GABLES FL 33134

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT BERMAN, GARY L 201 ALHAMBRA CIRCLE, STE. 804 CORAL GABLES FL 33134 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V NIETO-VIDAL, SYLVIA M 201 ALHAMBRA CIRCLE, STE. 804 CORAL GABLES FL 33134 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BELMAN, VALERIE S 201 ALHAMBRA CIRCLE, STE. 804 CORAL GABLES FL 33134 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZWEIG, JOHN 201 ALHAMBRA CIRCLE, STE. 804 CORAL GABLES FL 33134 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOWE, MARY E 201 ALHAMBRA CIRCLE, STE. 804 CORAL GABLES FL 33134 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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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: Sylvia Nieto Vidal 02/15/02 (305) 669-3900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0212691 AV

CR2E034 (9/01)