

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000079610**

1. Entity Name

MCG DESIGN, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90011 003 ***158.75

549748

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2220 NORTH 42ND AVENUE HOLLYWOOD FL 33021		Mailing Address 2220 NORTH 42ND AVENUE HOLLYWOOD FL 33021	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1036609		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SEGAL, WILLIAM J ESQ. 20801 BISCAYNE BOULEVARD SUITE 304 AVENTURA FL 33180		7. Name and Address of New Registered Agent Name Krista Morley Street Address (P.O. Box Number is Not Acceptable) 5 S. Pine Island Road #312 City Plantation FL Zip Code 33324	
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 <u><i>Krista Morley</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>5-1-01</u>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCGUINNES, FRANCIS J 2220 NORTH 42ND AVENUE HOLLYWOOD FL 33021	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Francis J. McGuinness* **Francis J. McGuinness** 5-01-01 (954) 983-0436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)