

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90119 024 ***150.00

DOCUMENT # P00000079716

1. Entity Name
MGA & ASSOCIATES, INC.

Principal Place of Business
1000 BRICKELL AVE., STE. 620
MIAMI FL 33131

Mailing Address
1000 BRICKELL AVE., STE. 620
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
281 SW 28th
Suite, Apt. #, etc. MIAMI FL

3. Mailing Address
PO Box 453208
Suite, Apt. #, etc. MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-1059669** **Applied For**
Not Applicable

Zip **33129** **Country** **Dade** **Zip** **33245** **Country** **Dade**

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

6. Name and Address of Current Registered Agent
AGUIRRE, MIRTHA
1000 BRICKELL AVE., STE. 620
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name **MIRTHA AGUIRRE**
Street Address (P.O. Box Number is not acceptable) **281 SW 28th**
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 **DATE** **2/20/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUIRRE, MIRTHA G 1000 BRICKELL AVE., STE. 620 MIAMI FL 33131 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIRTHA AGUIRRE ☐ Change ☐ Addition 281 SW 28th MIAMI FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: **2/20/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)