

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

05-22-2002 90192 011 \*\*\*150.00

**DOCUMENT # P00000095490**

**1. Entity Name**  
**M G NEW VISION CORPORATION**

**Principal Place of Business**

**7311 BYRON AVENUE**  
**SUITE 16**  
**MIAMI BEACH FL 33141**

**Mailing Address**

**7311 BYRON AVENUE**  
**SUITE 16**  
**MIAMI BEACH FL 33141**



**2. Principal Place of Business**

**10875 SW 108 AVE**  
**Suite, Apt. #, etc.**  
**105**

**3. Mailing Address**

**10875 SW 108 AVE**  
**Suite, Apt. #, etc.**  
**105**

DO NOT WRITE IN THIS SPACE

**City & State**  
**MIAMI FL**

**City & State**  
**MIAMI FL**

**4. FEI Number** **65-1050520**

**Applied For**  
**Not Applicable**

**Zip** **33176** **Country** **USA**

**Zip** **33176** **Country** **USA**

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

**6. Name and Address of Current Registered Agent**

**SANTIAGO, GLORIA M**  
**7311 BYRON AVENUE**  
**SUITE 16**  
**MIAMI BEACH FL 33141**

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**10785 SW 108 AVE**  
**STE 105**  
**City** **MIAMI** **FL** **Zip Code** **33176**

**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** *Gloria Marie Santiago*

**DATE** **04/30/02**

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, 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SANTIAGO, MOISES F</b> <del><b>7311 BYRON AVENUE SUITE 16</b></del> <del><b>MIAMI BEACH FL 33141</b></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SANTIAGO, GLORIA M</b> <del><b>7311 BYRON AVENUE SUITE 16</b></del> <del><b>MIAMI BEACH FL 33141</b></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10785 SW 108 AVE #105</b> <b>MIAMI FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10785 SW 108 AVE #105</b> <b>MIAMI FL 33176</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> 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:** *Gloria Marie Santiago*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DATE** **04/30/02**

**DAYTIME PHONE #** **305-2742175**

CR2E034 (9/01)