

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**  
 05-01-2002 91487 023 \*\*\*150.00

0206319 AV

**DOCUMENT # P01000022212**

1. Entity Name  
**MGM EXPORTS, INC.**

Principal Place of Business Mailing Address  
**C/O MICHAEL WEISS & ASSOCIATES, P.A.** **C/O MICHAEL WEISS & ASSOCIATES, P.A.**  
**1401 BRICKELL AVE., STE. 300** **1401 BRICKELL AVE., STE. 300**  
**MIAMI FL 33132** **MIAMI FL 33132**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
**123 MADEIRA AVE,** **123 MADEIRA AVE,**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**# 203** **# 203**

City & State City & State  
**CORAL GABLES, FL** **CORAL GABLES, FL**

Zip Country Zip Country  
**33134 U.S.A.** **33134 U.S.A.**

4. FEI Number Applied For  
**65-118882 118882** Not Applicable

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

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

**WEISS, MICHAEL N ESQ.**  
**C/O MICHAEL WEISS & ASSOCIATES, P.A.**  
**1401 BRICKELL AVE., STE. 300**  
**MIAMI FL 33132**

**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, 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> <b>PATEL, MAGANBHAI G</b> <b>1401 BRICKELL AVE., STE. 300</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATEL MAGANBHAI G</b> <b>123 MADEIRA AVE, SUITE # 203</b> <b>CORAL GABLES FL-33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATEL, DIPAN M</b> <b>1401 BRICKELL AVE., STE. 300</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATEL DIPAN M</b> <b>123 MADEIRA AVE, SUITE #203</b> <b>CORAL GABLES FL-33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATEL, NISITH M</b> <b>1401 BRICKELL AVE., STE 300</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATEL NISITH M</b> <b>123 MADEIRA AVE, SUITE #203</b> <b>CORAL GABLES FL-33134</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATEL, GAUTAM M</b> <b>1401 BRICKELL AVE., STE 300</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PATEL GAUTAM M</b> <b>123 MADEIRA AVE, SUITE #203</b> <b>CORAL GABLES FL-33134</b>	<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
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

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: Gautam M. Patel GAUTAM. M. PATEL 4/18/02 (305) 7740422  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)