2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067115 (L)

1. Entity Name
MGM GENERAL SERVICES, INC.

55046864

Principal Place of Business	Mailing Address
9755 WEST VIEW DRIVE APT 1226	9755 WEST VIEW DRIVE APT 1226
CORAL SPRINGS FL 33076	CORAL SPRINGS FL 33076

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address		
7770 NW 78th AVE	7770 NW 78th AVE		
Suite, Apt. #, etc. APT 306	Suite, Apt. #, etc. APT 306		
City & State TAMARAC, FLORIDA	City & State TAMARAC, FLORIDA	4. FEI Number 65-1119618	☐ Applied For ☐ Not Applicable
Zip 33321 Country USA	Zip 33321 Country USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DELLINGER, MARISELA	Name BEATRIZ BETANCOURT
9755 WEST VIEW DRIVE APT 1226	Street Address (P.O. Box Number is Not Acceptable)
CORAL SPRINGS FL 33076	7770 NW 78th AVE. APT 306
	City TAMARAC FL Zip Code 33321

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _Marieta de Medina_

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

DATE 04-28-03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	☐ Delete	TITLE PS TD	☑ Change ☐ Addition
NAME DELLINGER, MARISELA		NAME BETANCOURT, BEATRIZ	
STREET ADDRESS 9755 WEST VIEW DRIVE APT 1226		STREET ADDRESS 7770 NW 78th AVE APT. 306	
CITY-ST-ZIP CORAL SPRINGS FL 33076		CITY-ST-ZIP TAMARAC FLORIDA 33321	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Marieta de Medina_ REQUIRED 04-28-03 (954) 234-4445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #