

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90174 012 \*\*\*150.00

**DOCUMENT # P01000083054**

1. Entity Name  
**MGM FINANCIAL GROUP, INC.**

Principal Place of Business  
**3051 PALM AIRE DRIVE SOUTH #310**  
**POMPANO BEACH FL 33069**

Mailing Address  
**3051 PALM AIRE DRIVE SOUTH #310**  
**POMPANO BEACH FL 33069**

2. Principal Place of Business

3. Mailing Address  
**P.O. BOX 40369**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**PROVIDENCE RI**

4. FEI Number  
**65-1136206**

Applied For  
 Not Applicable

Zip

Country

Zip  
**02940-0369**

Country  
**PROVIDENCE**

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 ☐ Delete  
**D**  
 NAME **DEL FARN, ANTHONY**  
 STREET ADDRESS **201 BEECHWOOD DRIVE**  
 CITY-ST-ZIP **CRANSTON RI 02921**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

80049939



DO NOT WRITE IN THIS SPACE

3/26/02 402333-0015