

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90319 041 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #	P02000033150	YEAR-2003
1. Entity Name		
MGT GROUP, INC.		

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4746 NW 107TH AVENUE, BLDG. 10, SUITE, Apt. #, etc.		4746 NW 107TH AVENUE Suite, Apt. #, etc. BLD. 10, SUITE 1011	
City & State		City & State	
MIAMI, FL		MIAMI-FLORIDA	
Zip	Country	Zip	Country
33178	USA	33178	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
41-2038215		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
<input type="checkbox"/>		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MASSIANI, JONATHAN O
Street Address (P.O. Box Number is Not Acceptable)
4746 NW 107TH AVENUE
BLDG. #10, SUITE 1011
City
MIAMI
FL
Zip Code
33178

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  **JONATHAN, MASSIANI, PRESIDENT** **4/25/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	MASSIANI, JONATHAN
STREET ADDRESS	4746 NW 10TH AVE., BLDG. 10, STE. 101
CITY-ST-ZIP	MIAMI-FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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11.

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JONATHAN MASSIANI, PRESIDENT** **4/25/2003** **786-306-5677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**