

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90159 017 ***150.00

DOCUMENT # **P02000100783** ✓

1. Entity Name

ML Support Group Inc.



DO NOT WRITE IN THIS SPACE

00055534

2. Principal Place of Business

18090 Collins Avenue

3. Mailing Address

18090 Collins Ave

Suite, Apt. #, etc.

231

Suite, Apt. #, etc.

231

DO NOT WRITE IN THIS SPACE

City & State

Sunny Isles Beach, FL

City & State

Sunny Isles Beach

4. FEI Number

14-1846833

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Maxim Lebedev**

Street Address (P.O. Box Number is Not Acceptable)

300 Bayview Dr

apt # PH11

City **Sunny Isles Beach**

FL

Zip Code

33160

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

Maxim Lebedev

04-28-03

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P, VP**
NAME **Maxim Lebedev**
STREET ADDRESS **300 BAYVIEW DR, # PH11**
CITY-ST-ZIP **Sunny Isles Beach, FL 33160**

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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:

Maxim Lebedev

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-03 786-285-3435

Date

Daytime Phone #

CR2E034B (12/02)