## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like emp

SIGNATURE:

## FILED Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P92000009472 04-18-2000 90254 002 \*\*\*150.00 M.G.S.H. MANAGEMENT, INC. Mailing Address Principal Place of Business 7679 NW 21ST STREET 6000000 8211 W BROWARD BLVD MARGATE FL 33063-7907 SHITE 420 ft lauderdale fl. 33324 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0372640 Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NO MAWRKAPLAN P.A KUSNICK, HOWARD A 8211 W BROWARD BLVD 770 W. OAKLAND PKBluD-Sut 470 SUITE 420 FT LAUDERDALE FL 33324 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 te if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Change Addition 0.14 19/169 TITLE ☐ Delete TITLE NAME NAME LASNER. MICHAEL JON STREET ADDRESS STREET ADDRESS 7679 NW 21ST STREET CITY-ST-ZIP CITY-ST-ZIP MARGATE FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME LASNER, GAIL JANE NAME STREET ADDRESS STREET ADDRESS 7679 NW 21ST STREET CITY-ST-ZIP CITY-ST-ZIP MARGATE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [] Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Date