

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90116 030 \*\*\*158.75

**DOCUMENT # P94000004418**

1. Entity Name

**MBG INDUSTRIES, INC.**

Principal Place of Business

**9800 N.W. 47TH DR.  
CORAL SPRINGS FL 33076-2602**

Mailing Address

**9800 N.W. 47TH DR.  
CORAL SPRINGS FL 33076-2602**

2. Principal Place of Business

**148 HUNT VALLEY RD**

Suite, Apt. #, etc.

3. Mailing Address

**148 HUNT VALLEY RD**

Suite, Apt. #, etc.

City & State

**ONEIDA, NY**

City & State

**ONEIDA, NY**

Zip

**13421-1834**

Country

**U.S.A.**

Zip

**13421-1834**

Country

**U.S.A.**

4. FEI Number

**65-0485386**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GUSACK, MARK  
9800 N.W. 47TH DR.  
CORAL SPRINGS FL 33076-2602**

7. Name and Address of New Registered Agent

Name

**LAWRENCE SLIVINSKI**

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

**5410 S FLORIDA AVE, STE 12**

City

**LAKE LAND**

**FL**

Zip Code

**33807-6126**

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

*Lawrence Slivinski*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

*01/10/2001*

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, 2001 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

TITLE **D** ☐ Delete  
NAME **GUSACK, MARK**  
STREET ADDRESS **9800 N.W. 47TH DR.**  
CITY-ST-ZIP **CORAL SPRINGS FL 33076-2602**

TITLE ☐ Delete  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Delete  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **ADDRESS**  
STREET ADDRESS **148 HUNT VALLEY RD**  
CITY-ST-ZIP **ONEIDA, NY 13421-1834**

TITLE ☐ Change ☒ Addition  
NAME **SECRETARY**  
STREET ADDRESS **LAWRENCE SLIVINSKI**  
CITY-ST-ZIP **5410 S FLORIDA AVE, STE 12**  
**LAKE LAND, FL 33807-6196**

TITLE ☐ Change ☐ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

TITLE ☐ Change ☐ Addition  
NAME **[REDACTED]**  
STREET ADDRESS **[REDACTED]**  
CITY-ST-ZIP **[REDACTED]**

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

*Mark Gusack*

**MARK GUSACK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7 JAN 01**

Date

**315 338 7046**

Daytime Phone #

CR2E034 (10/00)