

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90068 019 ***150.00

00019832



DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000053010 1. Entity Name FG INVESTMENT GROUP, INC.			
Principal Place of Business 350 NW 12TH AVE DEERFIELD BEACH FL 33442 US		Mailing Address 631 US HWY 1 SUITE 206E NORTH PALM BEACH FL 33408 US	
2. Principal Place of Business 631 US HWY ONE		3. Mailing Address 	
Suite, Apt. #, etc. SUITE 206 E		Suite, Apt. #, etc. 	
City & State NORTH PALM BEACH, FL		City & State 	
Zip 33408	Country 	Zip 	Country
6. Name and Address of Current Registered Agent SHIELDS, BOBBY L 592 NW 111TH TER CORAL SPRINGS FL 33071		7. Name and Address of New Registered Agent Name DANIEL MENDICINO Street Address (P.O. Box Number is Not Acceptable) 118 BOWSPRIT DRIVE City NORTH PALM BEACH FL Zip Code 33408	
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 <u><i>Daniel Mendicino</i></u> 2-20-01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D, PRESIDENT <input type="checkbox"/> Delete NAME MENDICINO, DANIEL STREET ADDRESS 118 BOWSPRIT DR CITY-ST-ZIP N PALM BEACH FL	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DANIEL MENDICINO STREET ADDRESS CITY-ST-ZIP 	 	
TITLE VP <input type="checkbox"/> Delete NAME REX, ALBERT STREET ADDRESS 2805 HACKNEY RD CITY-ST-ZIP WESTON FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	 	
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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: <u><i>Daniel Mendicino</i></u> DANIEL MENDICINO, President 2/20/01 841-7093 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034 (10/00)