

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055561

1. Entity Name

M.Y.G. INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90102 006 ***150.00

Principal Place of Business

9200 S. DADELAND BLVD.
SUITE 515
MIAMI FL 33156

Mailing Address

9200 S. DADELAND BLVD.
SUITE 515
MIAMI FL 33156

2. Principal Place of Business

9200 S. Dadeland Blvd.

3. Mailing Address

9200 S. Dadeland Blvd.

Suite, Apt. #, etc.

Suite 612

Suite, Apt. #, etc.

Suite 612

City & State

Miami, FL 33156

City & State

Miami, FL 33156

Zip

Country

Zip

Country

4. FEI Number

65-0512173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, BRUCE
9200 S. DADELAND BLVD.
SUITE 515
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name
Alexander, Bruce
Street Address (P.O. Box Number is Not Acceptable)
9200 S. Dadeland Blvd.
Suite 612
City Miami FL Zip Code 33156

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
P
NASSIEF, PHILLIP
5825 COLLINS AVE.
MIAMI BEACH FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
Y.P.
REID - MARBUSSIA
5825 COLLINS AVE
MIAMI BEACH FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25/2001

Date

Daytime Phone #

CR2E034 (10/00)

0192526