

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Apr 03, 2001 8:00 am
Secretary of State

02-06-2001 90265 005 ***150.00

DOCUMENT # P95000060038

1. Entity Name

THE MARKETING GROUP INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**635 EUCLID AVENUE
103
MIAMI BEACH FL 33139**

**635 EUCLID AVENUE
103
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

420 Lincoln Rd.

420 Lincoln Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 446

Suite 446

City & State

City & State

Miami Beach, FL

Miami Beach, FL

Zip

Country

Zip

Country

33139

US

33139

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SADRI, PAOLO
635 EUCLID AVENUE
103
MIAMI BEACH FL 33139**

Name

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

City

FL

Zip Code

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 renouncing)

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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | SADRI, PAOLO | |
| STREET ADDRESS | 635 EUCLID AVENUE | |
| CITY-ST-ZIP | MIAMI BEACH FL 33139 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | Sadri, Paolo | |
| STREET ADDRESS | 1602 Alton Road PMB 440 | |
| CITY-ST-ZIP | Miami Beach, FL 33139 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone

SADRI, PAOLO **2/2/01** **305-532-7733**

CR2E034 (10/00)