

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91530 002 ***150.00

DOCUMENT # P95000060038

1. Entity Name
THE MARKETING GROUP INTERNATIONAL, INC.

Principal Place of Business
420 LINCOLN RD.
STE 446
MIAMI BEACH FL 33139

Mailing Address
420 LINCOLN RD.
STE 446
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0599868	<input type="checkbox"/> Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<input type="checkbox"/> Not Applicable
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SADRI, PAOLO		Name PAOLO SADRI	
635 EUCLID AVENUE		Street Address (P.O. Box Number is Not Acceptable) 1330 West Ave #3206	
103		City Miami Beach FL Zip Code 33139	
MIAMI BEACH FL 33139			

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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SADRI, PAOLO 1602 ALLEN RD, PBB 440 MIAMI BEACH FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAOLO SADRI 1330 West Ave #3206 Miami Beach, FL 33139
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *PAOLO SADRI* **1-9-02** **305-532-7733**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)