## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000080664

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

MGG SERVICES CORP.

13018 S.W. 133 COURT MIAMI FL 33186

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

Principal Place of Business

2. Principal Place of Business

MANSO, SARA A

13018 SW 133 CT. MIAMI FL 33186

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

MANSO, SARA

**MIAMI FL 33186** 

13018 SW 133 CT.

(See criteria on back)

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

Delete

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12.

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

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NAME STREET ADDRESS

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NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

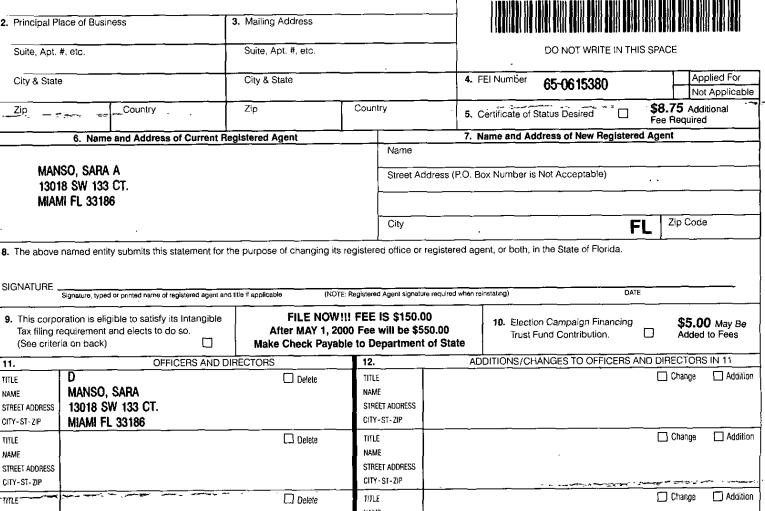
Name

City

13018 S.W. 133 COURT MIAMI FL 33186-5855

## **FILED** May 31, 2000 8:00 am Secretary of State

05-31-2000 90085 026 \*\*\*550.00



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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

☐ Change

Change

☐ Change

☐ Addition

Addition

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