

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90274 033 ***150.00

DOCUMENT # P96000024658

1. Entity Name
MGP ASSOCIATES, INC.

Principal Place of Business

5988 W.20 AVE
UNIT 210
HIALEAH FL 33016
US

Mailing Address

15249 NW 88 PL
MIAMI LAKES FL 33018

2. Principal Place of Business

5988 W 20th Ave
 Suite, Apt. #, etc.

3. Mailing Address

5988 West 20th Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Hialeah, FL 33016
Zip
33016
Country
USA

City & State
Hialeah, FL
Zip
33016
Country
USA

4. FEI Number **65-0663279**

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RODRIGUEZ, RICHARD A
15249 NW 88 PL
MIAMI LAKES FL 33018

7. Name and Address of New Registered Agent

Name **Rodriguez, Richard - R.**
Street Address (P.O. Box Number is Not Acceptable)
5988 West 20th Ave
Hialeah, FL 33016
City **FL** **Zip Code** **33016**

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 *Richard Rodriguez* **4/15/02**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RODRIGUEZ, RICHARD A 15249 NW 88 PL MIAMI LAKES FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, RICHARD A 15249 NW 88 PL MIAMI LAKES FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *Richard Rodriguez* **4/15/02** **305 556-9681**
 Signature and typed or printed name of signing officer or director **DATE** **Daytime Phone #**

CR2E034 (9/01)