

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000061807

1. Entity Name

M & G SERVICES OF SOUTHERN FLORIDA INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90057 015 ***150.00

Principal Place of Business

Mailing Address

~~7130 SW 111TH CT
 MIAMI FL 33173~~

~~7130 SW 111TH CT
 MIAMI FL 33173-2129~~

838165



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27201 Esther Drive

3. Mailing Address

-same-

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

-same-

4. FEI Number

65-0776828

Applied For

Not Applicable

Zip

34135

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARODI, GLADYS
 7130 SW 111TH CT
 MIAMI FL 33173

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 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
 NAME PARODI, GLADYS
 STREET ADDRESS 7130 SW 111TH CT
 CITY-ST-ZIP MIAMI FL 33173

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

TITLE VD ☐ Delete
 NAME DUMANOSKI, ANTHONY W.
 STREET ADDRESS 7130 S.W. 111TH COURT
 CITY-ST-ZIP MIAMI FL 33173

TITLE STD ☐ Change ☒ Addition
 NAME Elsner, Michelle
 STREET ADDRESS 4306 Buchanan Street
 CITY-ST-ZIP Hollywood, FL 33021

TITLE STD ☒ Delete
 NAME ALVAREZ, MARIO A
 STREET ADDRESS 6970 SW 116TH CT
 CITY-ST-ZIP MIAMI FL 33173

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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 another like empowered.

SIGNATURE: *Gladys Parodi* Gladys Parodi

01/15/00

(941)-498-0992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)