

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90154 032 ***550.00

DOCUMENT # P98000102404

1. Entity Name
MG SALES & CONSULTING, INC.

Principal Place of Business
**3000 JASMIN TERRACE
 DELRAY BEACH FL 33483**

Mailing Address
**3000 JASMIN TERRACE
 DELRAY BEACH FL 33483**

2. Principal Place of Business
18 SALINA AVE #29
 Suite, Apt. #, etc.

3. Mailing Address
18 SALINA AVE #29
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH, FL
 Zip
33483 Country
FLORIDA

City & State
DELRAY BEACH, FL
 Zip
33483 Country
FLORIDA

4. FEI Number
65-0881134 Applied For
 Not Applicable

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

**AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name
MARK GREGORY
 Street Address (P.O. Box Number is Not Acceptable)
18 SALINA AVE #29
 City
DELRAY BEACH FL Zip Code
33483

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
7/10/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD GREGORY, MARK 3000 JASMIN TERRACE DELRAY BEACH FL 33483	<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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GREGORY, MARK 18 SALINA AVE #29 DELRAY BEACH, FL 33483	<input checked="" 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **7/10/00** DAYTIME PHONE #: **561-26-4531**

CF 11034 (5/00)