2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000103612 May 16, 2000 8:00 am 1. Entity Name Secretary of State M.G.B. HOLDING CO. 05-16-2000 90109 031 ***150.00 Principal Place of Business Mailing Address 5046 SUFFOLK DR 5046 SUFFOLK DR BOCA RATON FL 33484-6427 **BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address 5911 VINTAGE CIRCLE S911 VINTAGE OAKS CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0884245 Not Applicable DELRAY BEACI REAC \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASSOFF, MARTON G Street Address (P.O. Box Number is Not Acceptable) 5911 VINTAGE DAKS CIRCLE 5046 SUFFOLK DRIVE-**BOCA RATON FL 33496** DELRAY BEACH, 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (3) (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete BASSOFF, MORTON G NAME NAME 5911 VINTAGE DAKECIR STREET ADDRESS STREET ADDRESS 5046 SUFFOLD DRIVE CITY-ST-ZIP CITY-ST-ZIP BOGA RATON FL 33498~ DELRAY BEACH FL Addition ☐ Delete 33484 ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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