

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043165

1. Entity Name

MG REALTY INVESTMENTS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90876 014 ***150.00

Principal Place of Business

Mailing Address

1625 PAISLEY ST. N.W.
PALM BAY FL 32907

1625 PAISLEY ST. N.W.
PALM BAY FL 32907-8014

2. Principal Place of Business

907 BUSSELDORF AVE NW

3. Mailing Address

907 BUSSELDORF AVE NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BAY FL

City & State

PALM BAY FL

4. FEI Number

65 0921173

Applied For

Not Applicable

Zip

32907

Country

BREVARD

Zip

32907

Country

BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRINMANIS, MAXINE
1625 PAISLEY ST. N.W.
PALM BAY FL 32907

CORRECT
ADDRESS →

7. Name and Address of New Registered Agent

Name

MAXINE GRINMANIS

Street Address (P.O. Box Number is Not Acceptable)

907 BUSSELDORF AVE NW

City

Palm Bay

FL

Zip Code

32907

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

TITLE: PRESIDENT ☐ Delete
NAME: MAXINE GRINMANIS
STREET ADDRESS: 907 BUSSELDORF AVE NW
CITY-ST-ZIP: PALM BAY FL 32907

TITLE: V-PRESIDENT ☐ Delete
NAME: MICHAEL A. GRINMANIS
STREET ADDRESS: 907 BUSSELDORF AVE NW
CITY-ST-ZIP: PALM BAY FL 32907

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP:

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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 all other like empowered.

SIGNATURE:

MICHAEL GRINMANIS V/PRESIDENT 4/27/00 321 728-2868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)