FILED

## 2001 UNIFORM BUSINESS REPORT (UBR).

changed, or on an attachment with an address, with all other

SIGNATURE:

ke, empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 04, 2001 8:00 am Secretary of State DOCUMENT # **P99000048060** M & P GLOBAL FINANCIAL SERVICES GROUP, INC. 04-04-2001 90111 023 \*\*\*150.00 Principal Place of Business Mailing Address 1242 N. UNIVERSITY DRIVE 1242 N. UNIVERSITY DRIVE PLANTATION FL 33322 PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0924959 Not Applicable Zip Country Zip Country \$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 GREENBERG, JOEL E Street Address (P.O. Box Number is Not Acceptable) 1242 N. UNIVERSITY DRIVE PLANTATION FL 33322 City 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 TITLE ☐ Delete TITLE ☐ Change NAME NAME GREENBERG, BURTON D STREET ADDRESS STREET ADDRESS 1242 N. UNIVERSITY DRIVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GREENBERG, JOEL E NAME NAME STREET ADDRESS STREET ADDRESS 1242 N. UNIVERSITY DRIVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33322 □-Detete \_\_\_\_\_\_Addition\_ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-782 ☐ Delete TITLE ☐ Change ☐ Addition 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