

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90034 028 \*\*\*150.00

**DOCUMENT # P99000065808**

1. Entity Name  
**MGM MAHABIR, INC.**

Principal Place of Business

Mailing Address

**5448 SHINGLE CREEK DR.  
 ORLANDO FL 32821**

**5448 SHINGLE CREEK DR.  
 ORLANDO FL 32821-5544**

2. Principal Place of Business

3. Mailing Address

**13573 Tetherline Trail**  
 Suite, Apt. #, etc.

**13573 Tetherline Trail**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Orlando, Florida**

City & State  
**Orlando, Florida**

4. FEI Number  
**59-3586452**

Applied For  
 Not Applicable

Zip Country  
**32837 - U.S.**

Zip Country  
**32837 U.S.**

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

**MAHABIR, GAIL A  
 5448 SHINGLE CREEK DR.  
 ORLANDO FL 32821**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**13573 Tetherline Trail**

City **Orlando** **FL** Zip Code **32837**

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 *Gail A Mahabir* *Gail A Mahabir*

*2/14/00*

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD MAHABIR, GAIL A 5448 SHINGLE CREEK DR. ORLANDO FL 32821</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD MAHABIR, MARTIN R 5448 SHINGLE CREEK DR. ORLANDO FL 32821</b>	<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	<b>PSD mahabir, Gail A 13573 Tetherline Trail Orlando, FL 32837</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD Mahabir, Martin R 13573 Tetherline Trail Orlando, FL 32837</b>	<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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gail A Mahabir* *Gail A Mahabir*

*2/14/00*

*407-812-4555*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)