

9/17/01-90014-041-\$550.00-\$550.00

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000085078**

1. Entity Name

**MGT ENTERPRISES CORP.**

Principal Place of Business

**10900 WEST FLAGLER STREET  
MIAMI FL 33174**

Mailing Address

**10900 WEST FLAGLER STREET  
MIAMI FL 33174**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-1067868**

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

**TABARES, MARTHA  
10900 W FLAGLER ST  
MIAMI FL 33174**

Name

**Anthony Cuevas**

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

**10900 WEST FLAGLER ST**

City

**MIAMI**

FL

Zip Code

**33174**

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

*Anthony Cuevas*

(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 \$550.00  
After September 12, 2001 Fee 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 **VICE PRESIDENT** ☐ Delete  
NAME **TABARES, MARTHA**  
STREET ADDRESS **10900 WEST FLAGLER STREET**  
CITY-ST-ZIP **MIAMI FL 33174**TITLE **PSTD** ☐ Change ☒ Addition  
NAME **ANTHONY CUEVAS**  
STREET ADDRESS **10900 WEST FLAGLER ST**  
CITY-ST-ZIP **MIAMI FL 33174**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/01

25 726 0031

Daytime Phone #

CR2E034 (5/01)