

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085078

1. Entity Name

MGT ENTERPRISES CORP.

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91588 047 ***150.00

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 & State

City & 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

CUEVAS, ANTHONY
 10900 W FLAGLER ST
 MIAMI FL 33174

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **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 _____

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, 2002 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 **V** ☐ Delete
 STREET ADDRESS **TABARES, MARTHA**
 CITY-ST-ZIP **10900 WEST FLAGLER STREET**
MIAMI FL 33174

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

TITLE _____
 NAME **PSTD** ☐ Delete
 STREET ADDRESS **CUEVAS, ANTHONY**
 CITY-ST-ZIP **10900 WEST FLAGLER STREET**
MIAMI FL 33174

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

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

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

TITLE _____
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 CITY-ST-ZIP _____ ☐ Delete

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

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

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

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

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: **x** _____

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

ANTHONY CUEVAS

x **4/19/02**

Date

x **315-7902**

Daytime Phone #

CR2E034 (9/01)