

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91154 021 \*\*\*150.00

DOCUMENT # **P99000085078**

1. Entity Name

**MGT ENTERPRISES CORP.**



Principal Place of Business Mailing Address  
**10900 W. FLAGLER ST. 10900 W. FLAGLER ST.**  
**MIAMI, FL 33174 MIAMI, FL 33174**

**11040166**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

☐ CHECK HERE IF MAKING CHANGES

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  
**ANTHONY CUEVAS**  
**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. I am familiar with, and accept the obligations of registered agent.

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS  
TITLE NAME ☐ Delete  
STREET ADDRESS CITY-ST-ZIP  
**PSTD ANTHONY CUEVAS**  
**10900 W. FLAGLER ST.**  
**MIAMI, FL 33174**  
TITLE NAME ☐ Delete  
STREET ADDRESS CITY-ST-ZIP  
**MARTHA TABARES**  
**10900 W. FLAGLER ST.**  
**MIAMI, FL 33174**  
TITLE NAME ☐ Delete  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Delete  
STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS CITY-ST-ZIP  
TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **x** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANTHONY CUEVAS**

**x 4/20/03 305-226-0031**  
Date Daytime Phone #