

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S50107

1. Entity Name
MG III, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State
02-28-2001 90069 034 ***150.00

Principal Place of Business Mailing Address
6300 NW 31ST AVE. 6300 NW 31ST AVE.
FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309

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 59-3070988 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

WODA, JERRY W
6300 NW 31ST AVE.
FT LAUDERDALE FL 33309

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, 2001 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	V	<input type="checkbox"/> Delete
NAME	WODA, JERRY W	
STREET ADDRESS	6300 NW 31ST AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PERLYN, DONALD	
STREET ADDRESS	6300 NW 31ST AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	C/CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Howard Lorber	
STREET ADDRESS	1400 Old Country Road	
CITY-ST-ZIP	Westbury, NY 11590	
TITLE	Exec.V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Norbitz	
STREET ADDRESS	1400 Old Country Road	
CITY-ST-ZIP	Westbury, NY 11590	
TITLE	Sr.V/Franchising	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carl Paley	
STREET ADDRESS	1400 Old Country Road	
CITY-ST-ZIP	Westbury, NY 11590	
TITLE	VT/Asst.S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronald Devos	
STREET ADDRESS	1400 Old Country Road	
CITY-ST-ZIP	Westbury, NY 11590	
TITLE	V/Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Baran	
STREET ADDRESS	1400 Old Country Road	
CITY-ST-ZIP	Westbury, NY 11590	
TITLE	V/Architecture/Const.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald Schedler	
STREET ADDRESS	1400 Old Country Road	
CITY-ST-ZIP	Westbury, NY 11590	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)