04/23/03 17:26 ALAN M GOLDBERG P A → 305 935 0445

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91524 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S73764

1. Entity Name
M. G. SUPPLY INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
595 NW 54 ST
Suite, Apt. #, etc.
City & State: MIAMI FL
Zip: 33127 Country: USA

3. Mailing Address
17653 A ASHBOURNE LANE
Suite, Apt. #, etc.
City & State: BOCA RATON FL
Zip: 33496 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0287266 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: SILVERMAN GERALD
Street Address (P.O. Box Number is Not Acceptable): 25 W FLAGLER ST
City: MIAMI FL Zip Code: 33130

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (Must be Registered Agent if registered agent is changed when filing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $100.00
After May 1 Fee is $550.00
Amended UBR is $0.00
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

TITLE: PSTD NAME: MARILYN RALBY STREET ADDRESS: 17653 A ASHBOURNE LANE CITY-ST-ZIP: BOCA RATON FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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 12 with an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn Ralby MARILYN RALBY 4/23/03 (561) 241-3040
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #