

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91535 020 \*\*\*150.00

**DOCUMENT # S89142**

1. Entity Name

**MESSENGER GROUP, INC.**

Principal Place of Business

**321 S. E. 15 AVENUE**

**P. O. BOX. 2427**

**FORT LAUDERDALE FL 33303**

Mailing Address

**321 S. E. 15 AVENUE**

**P. O. BOX. 2427**

**FORT LAUDERDALE FL 33303**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1401 E. Broward Blvd.**

Suite, Apt. #, etc.

**200**

3. Mailing Address

**1401 E. Broward Blvd.**

Suite, Apt. #, etc.

**200**

City & State

**Ft. Lauderdale FL**

City & State

**Ft. Lauderdale FL**

Zip

**33301**

Country

**USA**

Zip

**33301**

Country

**USA**

4. FEI Number

**65-0327029**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MURRAY, DAVID G.**

**321 S. E. 15 AVENUE**

**FT. LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name **David G. Murray**

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

**1401 E. Broward Blvd. #200**

City **Ft. Lauderdale**

**FL**

Zip Code  
**33301**

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)

**STET**

**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

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	SHAH, SELIM EDWARD	
STREET ADDRESS	321 SUNSET DRIVE, #7	
CITY-ST-ZIP	FT. LAUDERDALE FL	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAH, SELIM EDWARD	
STREET ADDRESS	1401 E. BROWARD BLVD.	
CITY-ST-ZIP	SUITE 200 - FT. LAUDERDALE, 33301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/02.

0044-1284  
706777.

Date

Daytime Phone #

CR2E034 (9/01)