

# 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 <b>321 S. E. 15 AVENUE          P. O. BOX. 2427          FORT LAUDERDALE FL 33303</b>	Mailing Address <b>321 S. E. 15 AVENUE          P. O. BOX. 2427          FORT LAUDERDALE FL 33303</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1401 E. Broward Blvd.</b>	3. Mailing Address <b>1401 E. Broward Blvd.</b>
Suite, Apt. #, etc. <b>200</b>	Suite, Apt. #, etc. <b>200</b>

City & State <b>Ft. Lauderdale FL</b>	City & State <b>Ft. Lauderdale FL</b>
Zip <b>33301</b> Country <b>USA</b>	Zip <b>33301</b> Country <b>USA</b>

4. FEI Number <b>65-0327029</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 DATE **4/5/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD SHAH, SELIM EDWARD 321 SUNSET DRIVE, #7 FT. LAUDERDALE FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD. SHAH, SELIM EDWARD, 1401 E. BROWARD BLVD. SUITE 200 - FT. LAUDERDALE, 33301.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **04/15/02.** **0044-1284**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **706777.**  
Date Daytime Phone #

CR2E034 (9/01)