

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90005 007 ****50.00

978484



DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000020233

1. Entity Name
MAGRINI ENTERPRISES, LLC

Principal Place of Business

Mailing Address

~~C/O MENDOZA AND CALLAS
 251 ROYAL PALM WAY, SUITE 602
 PALM BEACH FL 33480~~

C/O MENDOZA AND CALLAS
 251 ROYAL PALM WAY, SUITE 602
 PALM BEACH FL 33480

2. Principal Place of Business

12765 FOREST HILL BLVD.

3. Mailing Address

SAME AS PLACE OF BUS.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1302

City & State
WELLINGTON, FL

City & State

4. FEI Number

65-1159846

Applied For

Not Applicable

Zip
33414

Country
USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE MENDOZA, MARIO G III ESQ
 C/O MENDOZA AND CALLAS
 251 ROYAL PALM WAY, SUITE 602
 PALM BEACH FL 33480**

Name

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

12765 FOREST HILL BLVD., STE. 1302

City **WELLINGTON**

FL

Zip Code **33414**

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 \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
 NAME **MAGRINI, MATIAS**
 STREET ADDRESS **251 ROYAL PALM WAY, SUITE 602**
 CITY-ST-ZIP **PALM BEACH FL 33480**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **12765 FOREST HILL BLVD., STE. 1302**
 CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE
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 CITY-ST-ZIP

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Change Addition
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
MAGRINI, MATIAS **MGR.** **09-03-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)