

2001 UNIFORM BUSINESS REPORT (UBR)

4/2/0

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-02-2001 90072 030 ***150.00

DOCUMENT # P00000027132

1. Entity Name

J K MAGYAN TRUCKING, INC.

Principal Place of Business

180 N.E. 12TH AVE., #10
 HALLANDALE FL 33009

Mailing Address

180 N.E. 12TH AVE., #10
 HALLANDALE FL 33009

2. Principal Place of Business

9256 SW 1st Pl

3. Mailing Address

9256 SW 1st Pl

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

31-1675354

Applied For

Not Applicable

Zip

33428

Country

U.S.

Zip

33428

Country

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAGYAN, JAMES K
 180 N.E. 12TH AVE., #10
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
Owner President	DONNA BASS	9256 SW 1st Pl	BOCA RATON FL 33428	<input type="checkbox"/>
Officer Director	J K MAGYAN	9256 SW 1st Pl	BOCA RATON FL 33428	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

3-28-2001

Date

Daytime Phone #

CR2E034 (10/00)