2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000027132 DOCUMENT

1. Entity Name

J K MAGYAN TRUCKING, INC.



FILED Apr 07, 2003 8:00 am \$ Secretary of State

04-07-2003 90974 025 ***150.00

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Signature	City & State			City & State		4. FEI Number 31-1675354		
MAGYAN, JAMES K 180 N.E. 12TH AVE., \$10 HALLANDALE FL 33009 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME BASS, DONNA SIREET ADDRESS DOA RATON FL 33428 DO D MASTAN, KIPIK 9256 SW 1ST PLACE BOCA RATON FL 33428 CITY-ST-2P Delete MAME SIREET ADDRESS CITY-ST-2P Delete MAME SIREET ADDRESS CITY-ST-2P TITLE MAME SIREET ADDRESS CITY-ST-2P TITLE Delete MAME SIREET ADDRESS CITY-ST-2P TITLE DELET TITLE SIREET ADDRESS CITY-ST-2P TITLE DELET SIREET ADDRESS CITY-ST-2P TITLE DELET SIREET ADDRESS CITY-ST-2P TITLE TITLE S	Zip		Country	Zip	Country		8.75 Additional	
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 and the 4 spelicable. SIGNATURE Signature Special or private rame of implaced agent and the 4 spelicable. (NOTE: Registered Agent signature involved when inicitating) DATE FILE NOWILL EEE IS \$150.00 After May 1, 2003 Fee will be \$\$50.00 Added to Florida Department of State 10.	_				Name			
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12. I hereby certify that the information supplied with this filling 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 of 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 control or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, so on an attachment who an address, with all other lixer empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Daytime Phone #

Change

Addition