

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90183 007 ***150.00

DOCUMENT # 602118

1. Entity Name
MAGNACCA-BECK, P.A.



Principal Place of Business
**2700 N.E. 14TH ST CAUSEWAY
POMPANO BEACH FL 33062**

Mailing Address
**2700 N.E. 14TH ST CAUSEWAY
POMPANO BEACH FL 33062**



2. Principal Place of Business
900 NW 13th St.
Suite, Apt. #, etc.
Suite 202.

3. Mailing Address
900 NW 13th St.
Suite, Apt. #, etc.
Suite 202

☐ CHECK HERE IF MAKING CHANGES

City & State
Boca Raton FL
Zip
33486 Country
USA.

City & State
Boca Raton FL
Zip
33486 Country

4. FEI Number **59-1293328**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAGNACCA, JOHN R.
2700 NORTHEAST 14TH STREET
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name **John R. Magnacca**
Street Address (P.O. Box Number is Not Acceptable)
900 NW 13th St.
Suite 202
City **Boca Raton** FL Zip Code **33486**

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 **John R. Magnacca** **John R. Magnacca** **2/12/03**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MAGNACCA, JOHN	
STREET ADDRESS	2700 NE 14TH ST CAUSEWAY	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BECK, CHARLES A. JR.	
STREET ADDRESS	2700 NE 14TH ST CAUSEWAY	
CITY-ST-ZIP	POMPANO BCH. 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGNACCA, JOHN	
STREET ADDRESS	900 NW 13th St Suite 202	
CITY-ST-ZIP	Boca Raton FL 33486	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, Charles A. Jr.	
STREET ADDRESS	900 NW 13th St Suite 202	
CITY-ST-ZIP	Boca Raton FL 33486	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John R. Magnacca** **John R. Magnacca** **2/12/03** **561-391-6234**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)