

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B99000000402

1. Entity Name
M/W VERO, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 19 PM 1:25

Principal Place of Business
**THREE RIVERWAY, SUITE 1610
HOUSTON TX 77056**

Mailing Address
**THREE RIVERWAY, SUITE 1610
HOUSTON TX 77056-1925**



2. Principal Place of Business 1800 BERING		3. Mailing Address 1800 BERING	
Suite, Apt. #, etc. SUITE 1010		Suite, Apt. #, etc. SUITE 1010	
City & State HOUSTON TX		City & State HOUSTON TX	
Zip 77057	Country USA	Zip 77057	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KAMRADT, RUSSELL T ESQUIRE
AKERMAN, SENTERFITT & EIDSON, P.A.
777 S. FLAGLER DRIVE, SUITE 900, EAST
WEST PALM BEACH FL 33401**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$2,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # F99000005683	MAGI INTERNATIONAL DEVELOPMENT CORPORATION	STREET ADDRESS 1800 BERING, SUITE 1010	
NAME THREE RIVERWAY, SUITE 1610		CITY - ST - ZIP HOUSTON TX 77057	
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STREET ADDRESS			
CITY - ST - ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **7-17-00** **713-629-9684**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #