

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004875

1. Entity Name

PMC MAGNA CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90096 019 ***150.00

Principal Place of Business	Mailing Address
2000 PALM BCH. LAKES BLVD. #777 WEST PALM BEACH FL 33409	2000 PALM BCH. LAKES BLVD. #777 WEST PALM BEACH FL 33409-6511

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0919298	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUST, CHARLOTTE
2000 PALM BCH. LAKES BLVD. #777
WEST PALM BEACH FL 33409

Name	CLAUDIA CAPLAN
Street Address (P.O. Box Number is Not Acceptable)	2000 PALM BEACH LAKES BLVD. #777
City	WEST PALM BEACH
FL	Zip Code 33409

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 *Claudia Caplan* CLAUDIA CAPLAN 04/28/2000
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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AINSLEY, ALAN	NAME	
STREET ADDRESS	2000 PALM BCH. LAKES BLVD. #777	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPLAN, CLAUDIA	NAME	
STREET ADDRESS	2000 PALM BCH. LAKES BLVD. #777	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

ALAN AINSLEY, PRES. 04/28/2000 561-683-5111

Date

Daytime Phone #

CR25024 (000)