

2000 UNIFORM BUSINESS REPORT (UBR)

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0667454

DOCUMENT # F99000005683

1. Entity Name

MAGI INTERNATIONAL DEVELOPMENT CORPORATION

FILED

00 JUL 24 AM 8:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

| | |
|---|--|
| 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 U.S.A. |



DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 76-0548229 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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-E
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. 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 | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC WEST, JOHN C THREE RIVERWAY SUITE 1660 HOUSTON TX 77056 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Bering, Suite 1010 Houston, TX 77057 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000003349750-4 -08/08/00--01086--009 ****150.00 ****150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: John C West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-00 713-629-9484
Date Daytime Phone #

CR2E034 (9/99)

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2 of 2

MAGI INTERNATIONAL DEVELOPMENT CORPORATION

JOHN C. WEST, PRESIDENT

July 18, 2000

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

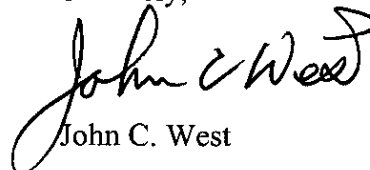
Reference: FEI Number 76-0548229
Document # F99000005683
2000 Uniform Business Report

Enclosed is our 2000 Uniform Business Report and payment of \$150.00. We are filing at this time because your form and notice of the revised due date has only just now arrived in our offices. Apparently our move to new offices at 1800 Bering, Suite 1010, Houston, TX 77057 caused your forms to be delayed in transit.

Please note our new address in your records, accept this report as timely filed and abate any penalties.

If you have any questions, please contact me at (713) 629-9684. Thank you for your assistance in this matter.

Sincerely,



John C. West