## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 21, 2001 08:00 AM DOCUMENT # K08828 1. Entity Name **Secretary of State** MAGPAT BUILDING NO. 1, INC. Principal Place of Business Mailing Address 3212 NW 60TH STREET 3212 NW 60TH STREET BOCA RATON FL BOCA RATON FL33496 33496 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0018838 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OWEN B. 3212 NW 60TH STREET Street Address (P.O. Box Number is Not Acceptable) BOCA RATON FL33496 US 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 02/21/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition X Change PATTON, OWEN B. MAME NAME PATTON, OWEN B. 3212 NW 60TH STREET STREET ADDRESS STREET ADDRESS 3212 NW 60TH STREET CITY-ST-ZIP BOCA RATON $\mathbf{FL}$ CITY-ST-ZIP BOCA RATON P ☐ Delete TITLE X Change NAME MAGGIORE ANTHONY R. NAME MAGGIORE ANTHONY R. STREET ADDRESS 25940 N 115 PLACE STREET ADDRESS 25940 N 115 PLACE CITY-ST-ZIP SCOTTSDALE AZ 852555771 CITY-ST-ZIP SCOTTSDALE 852555771 AZ. Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

CR2E034 (11/00)

SIGNATURE: Owen B. Patton V 02/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #