

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K13117

1. Entity Name

MAGNA ADMINISTRATIVE SERVICES, INC.

FILED

Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90135 032 ***150.00

Principal Place of Business

Mailing Address

2600 DOUGLAS RD
SUITE 410
CORAL GABLES FL 33146
US

2600 DOUGLAS RD
SUITE 410
CORAL GABLES FL 33134-6134
US

2. Principal Place of Business

3. Mailing Address

1320 S. Dixie Hwy. #350

1320 S. Dixie Hwy., #350

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 350

Suite 350

City & State

City & State

Coral Gables, FL 33146

Coral Gables, FL 33146

Zip

Country

Zip

Country

USA

USA

4. FEI Number

65-0026888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUNCAN, ROSARIO P.
1320 S DIXIE HWY
SIXTH FLOOR
CORAL GABLES FL 33146

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

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 NAME STREET ADDRESS CITY-ST-ZIP	DP MENENDEZ, ROSA M 2600 DOUGLAS RD #410 CORAL GABLES FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MENENDEZ, ROSA M. 1320 S. Dixie Hwy., Suite 350 Coral Gables, FL 33146 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARIAS, RAFAEL 2600 DOUGLAS RD #410 CORAL GABLES FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARIAS, RAFAEL 1320 S. Dixie Hwy., Suite 350 Coral Gables, FL 33146 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIERRA, ANTHONY F 1320 S DIXIE HWY. 6TH FLOOR CORAL GABLES FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DE ARMAS, ELOY 1320 S DIXIE HWY 6TH FLOOR CORAL GABLES FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DUNCAN, ROSARIO P 1320 S DIXIE HWY 6TH FLOOR CORAL GABLES FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIERRA, ANTONIO M 1320 S DIXIE HWY 6TH FLOOR CORAL GABLES FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

Rosario P. Duncan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00
Date

305-668-5100
Daytime Phone #

CR2E034 (9/99)