

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90246 001 ***900.00

DOCUMENT # K13117**1. Entity Name**
MAGNA ADMINISTRATIVE SERVICES, INC.**Principal Place of Business**1320 S. DIXIE HWY #350
SUITE 350
CORAL GABLES FL 33146
US**Mailing Address**1320 S. DIXIE HWY #350
SUITE 350
CORAL GABLES FL 33146
US**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0026888

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****DUNCAN, ROSARIO P.**
1320 S DIXIE HWY
SIXTH FLOOR
CORAL GABLES FL 33146**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**

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, 2002 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	☐ Delete
DP	MENENDEZ, ROSA M	1320 S. DIXIE HWY. SUITE 350	CORAL GABLES FL 33146	☐
V	ARIAS, RAFAEL	1320 S. DIXIE HWY. SUITE 350	CORAL GABLES FL 33146	☐
VD	SIERRA, ANTHONY F	1320 S DIXIE HWY. 6TH FLOOR	CORAL GABLES FL 33146	☐
DV	DE ARMAS, ELOY	1320 S DIXIE HWY 6TH FLOOR	CORAL GABLES FL 33146	☐
DS	DUNCAN, ROSARIO P	1320 S DIXIE HWY 6TH FLOOR	CORAL GABLES FL 33146	☐
D	SIERRA, ANTONIO M	1320 S DIXIE HWY 6TH FLOOR	CORAL GABLES FL 33146	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:****SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rosario P. Duncan
Secretary

Date

Daytime Phone #

CR2E034 (9/01)