

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90028 049 ***150.00

DOCUMENT # **K 20422**
1. Entity Name
MAGNUM MACHINE COMPANY

Principal Place of Business Mailing Address
**110 SE 9TH STREET
DEERFIELD BEACH, FL 33441**

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

4. FEI Number **59-2888899** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**SNYDER, PETER J.
240 W PALMETTO PARK RD.
SUITE 200
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent
Name **LORRAINE M. BECHE**
Street Address (P.O. Box Number is Not Acceptable) **1451 S.W. 5TH COURT**
City **BOCA RATON** FL Zip Code **33432**

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 **Lorraine M. Beche** **LORRAINE M. BECHE - SECRETARY** **4/3/00**
(NOTE: Registered Agent signature required when reinstating)

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 **P** **BECHE, ROBERT C.** ☐ Delete
NAME **1451 S.W. 5TH CT.**
STREET ADDRESS **BOCA RATON, FL 33432**
CITY-ST-ZIP
TITLE **T** **BECHE, ROBERT L.** ☐ Delete
NAME **233 N.E. 5TH AVE.**
STREET ADDRESS **DEERFIELD BEACH, FL. 33441**
CITY-ST-ZIP
TITLE **S** **BECHE, LORRAINE M.** ☐ Delete
NAME **1451 S.W. 5TH COURT**
STREET ADDRESS **BOCA RATON, FL 33432**
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
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CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Lorraine M. Beche** **4/3/00** **954-6980822**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)