

FILED
Feb 24, 2002 8:00 am
Secretary of State

01-17-2002 90009 021 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019029
1. Entity Name MAGAL INVESTMENTS, LLC

Principal Place of Business 11067 NW 72 TERRACE MIAMI FL 33178	Mailing Address 11067 NW 72 TERRACE MIAMI FL 33178
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- 13719

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

4. FEI Number 65-1151364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TOVAR DEL CORRAL, JOSE G 9900 STIRLING ROAD SUITE 222 HOLLYWOOD FL 33024

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** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, ALFREDO J 11067 NW 72 TERRACE MIAMI FL 33178 <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

10. ADDITIONS/CHANGES	
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
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALFREDO J. RODRIGUEZ **SIGNATURE REQUIRED** 01/15/02 25-4586104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)

(IRS USE ONLY) 575B 651151364 11-16-2001 MAGA B 0716927575 SS-4

Attachment
13719
#L0100001909

Please use the label IRS provided when filing tax documents. If that isn't possible, use your EIN and complete name and address shown below to identify your account and to avoid delays in processing.

MAGAL INVESTMENTS LLC
11067 NW 72 TER
MIAMI FL 33178

If this information isn't correct, please correct it using the bottom part of this notice. Return it to the address shown so we can correct your account.

Keep this part for your records.

CP 575 B (Rev. 1-2001)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

0716927575

Your Telephone Number Best Time to Call

DATE OF THIS NOTICE: 11-16-2001
EMPLOYER IDENTIFICATION NUMBER:
FORM: SS-4

65-1151364

INTERNAL REVENUE SERVICE
ATLANTA GA 39901

MAGAL INVESTMENTS LLC
11067 NW 72 TER
MIAMI FL 33178