

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000000776**

1. Entity Name

MAGNA REALTY SERVICES ILC

Principal Place of Business

Mailing Address

APPROVAL
AND
FILED

01 MAR 14 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2103 CORAL WAY

Suite, Apt. #, etc.

2ND FLOOR

City & State

MIAMI FL

Zip

33135

Country

USA

3. Mailing Address

2103 CORAL WAY

Suite, Apt. #, etc.

2ND FLOOR

City & State

MIAMI FL

Zip

33135

Country

USA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

1999-
2001

4. FEI Number

65-085 4052

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VIVIAN M. COLOMA
80 S.W. 8TH ST.
MAIN LOBBY
MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name

JOSE CLEMENTE VIVANCO

Street Address (P.O. Box Number is Not Acceptable)

2103 CORAL WAY

2ND FLOOR

City

MIAMI

FL

Zip Code

33135

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, hand or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM VIVIAN COLOMA 80 SW 8TH ST. MAIN LOBBY MIAMI FL 33130	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM JORGE COLOMA 80 SW 8TH ST. MAIN LOBBY MIAMI FL 33130	<input checked="" 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	MGRM JOSE CLEMENTE VIVANCO 2103 CORAL WAY, 2ND FLOOR MIAMI FL 33135	<input type="checkbox"/> Change <input checked="" 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	000003855020--8 -03/15/01--01102--021 *****5.00 *****5.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	000003855020--8 -03/15/01--01102--022 *****250.00 *****250.00	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/12/01 (305) 856-6288