

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001464

1. Entity Name
MAGNA OIL, L.L.C.

Principal Place of Business
3191 SOUTH MILITARY TRAIL
LAKE WORTH FL 33463

Mailing Address
3191 SOUTH MILITARY TRAIL
LAKE WORTH FL 33463

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 **APPLIED FOR**
65-0910779

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPYREDES, ANASTASIOS TOM
SIMON SIGALOS & SPYREDES, P.A.
4800 NORTH FEDERAL HIGHWAY, SUITE 100-D
BOCA RATON FL 33431

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

900004420909--7
-06/14/01--01116--014
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR**
NAME **BAVELIS, GEORGE**
STREET ADDRESS **52 E. 15TH AVENUE**
CITY-ST-ZIP **COLUMBUS OH 43201**

☐ Delete

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CITY-ST-ZIP

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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 of George Bavelis

4-17-01 614-989-8222

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

Date Daytime Phone #

0016671 AF

CR2E083 (11/00)

FILED

01 MAY 17 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE