

# 2002 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 65-0910719

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 PETER NIFAKOS

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

3191 S. MILITARY TRAIL

City LAKE WORTH

FL

Zip Code 33463

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]*

PETER NIFAKOS

C.O.O.

5-7-02

Signature, typed or printed name of (registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: PETER NIFAKOS, OP. MANAGER

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

Date

Days/Time Phone #

4-8-02 (501) 309-7137

FILED  
May 29, 2002 8:00 am  
Secretary of State

04-22-2002 90235 039 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)