

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90105 042 ***150.00

0129662 AT

DOCUMENT # M67837

1. Entity Name
MR. MAGUT, INC.



Principal Place of Business
9808 NW 80 AV
BAY 10-P
HIALEAH GARDENS FL 33016
US

Mailing Address
PO BOX 111075
HIALEAH FL 33011-1075
US

2. Principal Place of Business
1044 W 23 ST
Suite, Apt. #, etc.
Hialeah FL
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State



☐ CHECK HERE IF MAKING CHANGES

Zip
33010

Country

Zip

Country

4. FEI Number **65-0040148**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, MARIANO
8421 SW 21 ST
MIAMI FL 33155

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GUTIERREZ, MARIANO 8421 S.W. 21 STREET MIAMI FL 33155 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
80139909


TO : FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM : MR. MAGUT, INC.
DOCUMENT # M67837

With these letter, we are sending you the 2003 uniform business report from our company; we didn't file it before because we didn't receive the prior notice that you have sent to us; it may be that as we have a P.O.Box as our mailing address this notice have been crossed by them or may be lost.

We will appreciate your help with this matter regarding the late fees that we have to paid and waived them.

Thank You very much for your help with this matter


Mariano Gutierrez
President