

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000052294

FILED

1. Entity Name

MAGNOLIA BEAR, INC.

02 MAY 22 AM 8:51

Principal Place of Business

Mailing Address

120 N.E. 39th STREET
Miami, FL 33137

710 W. 51st STREET
Miami Beach, FL
33140

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

120 N.E. 39th STREET
Suite, Apt. #, etc.

3. Mailing Address

710 W. 51st STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL 33137

City & State

Miami Beach, FL 33140

4. FEI Number

65-1013393

Applied For

Not Applicable

Zip

33137

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRY BRODSKY
710 W. 51st STREET
Miami Beach, FL 33140

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

This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME PRESIDENT
STREET ADDRESS BARRY BRODSKY
CITY-ST-ZIP 710 W. 51st STREET
Miami Beach, FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/01

305-867-7979