

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90001 022 ***150.00

DOCUMENT # **P00000062571**

1. Entity Name

MAGNET'S INC. ✓

Principal Place of Business

Mailing Address

**9060 NW 190th
 Miami FL 33018**

2. Principal Place of Business

1530 NW 124 Terr

3. Mailing Address

Suite, Apt. #, etc.

20308

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

Zip

33323

Country

Zip

Country

4. FEI Number

65-1019306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

A0064042

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUERRERO Maurice
 1530 NW 124 Terr
 # 20308
 SUNRISE FL 33323**

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

9. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD GUERRERO Mauricio <input type="checkbox"/> Delete
NAME	9060 NW 190th
STREET ADDRESS	Miami FL 33018
CITY-ST-ZIP	
TITLE	JD GUERRERO Angelica <input type="checkbox"/> Delete
NAME	9060 NW 190th
STREET ADDRESS	Miami FL 33018
CITY-ST-ZIP	
TITLE	DE GUERRERO Ruth <input type="checkbox"/> Delete
NAME	9060 NW 190th
STREET ADDRESS	Miami FL 33018
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1530 NW 124 Terr # 20308
STREET ADDRESS	Sunrise FL 33323
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1530 NW 124 Terr # 20308
STREET ADDRESS	Sunrise FL 33323
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1530 NW 124 Terr # 20308
STREET ADDRESS	Sunrise FL 33323
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 an address, with all other like empowered.

SIGNATURE:

Angelica Guerrero
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (305) 485-9300
 Date Daytime Phone #

CR2E034 (11/00)