

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90349 015 \*\*\*150.00

**DOCUMENT # P00000097971**

1. Entity Name

**MAGARE CORPORATION**

Principal Place of Business

**3900 NW 79TH AVENUE SUITE 326  
 MIAMI FL 33166**

Mailing Address

**3900 NW 79TH AVENUE SUITE 326  
 MIAMI FL 33166**

2. Principal Place of Business

**9557 N.W. 2nd Pl.**

Suite, Apt. #, etc.

3. Mailing Address

**9557 N.W. 2nd Pl.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Coral Springs Fl.**

Zip  
**33071**

Country

City & State

**Coral Springs Fl.**

Zip  
**33071**

Country

4. FEI Number

**65-1047545**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CERRO, RAQUEL**

**3900 NW 79TH AVENUE SUITE 326  
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

**Maeno Galvez**

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

**9557 N.W. 2nd Pl.**

City

**Coral Springs**

**FL**

Zip Code

**33071**

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's Signature Required when reinstating)

**4-2-01** 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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CERRO, RAQUEL</b>	
STREET ADDRESS	<b>3900 NW 79TH AVENUE SUITE 326</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Maeno Galvez</b>	
STREET ADDRESS	<b>9557 N.W. 2nd. Pl.</b>	
CITY-ST-ZIP	<b>Coral Springs Fl. 33071</b>	
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		
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 1907(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 689, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-2-01** Daytime Phone #

CR2E034 (10/00)