

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91746 035 ***150.00

DOCUMENT # P00000104005

1. Entity Name

MAGNOR USA INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15066 S.W. 172 Terr

Suite, Apt. #, etc.

3. Mailing Address

15066 S.W. 172 Terr

Suite, Apt. #, etc.

City & State

Miami

FL

City & State

Miami

FL

Zip

33187

Country

Dade

Zip

33187

Country

Dade

4. FEI Number

65-1067189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MORAN, MAGNO

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

15066 S.W. 172 Terr

City

Miami

FL

Zip Code

33187

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	DPVT
NAME	Moran, Magno A
STREET ADDRESS	15066 S.W. 172 Terr
CITY-ST-ZIP	Miami FL 33187
TITLE	S
NAME	Moran, Magno A
STREET ADDRESS	15066 S.W. 172 Terr
CITY-ST-ZIP	Miami FL 33187
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all of the above required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Magno Moran May 14, 2002 (786) 236-6562