

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90475 028 ***150.00

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DOCUMENT # P01000013000

1. Entity Name
MAGNATRACKS, INC.

Principal Place of Business
 10617 HAMMOCKS BLVD., #1126
 MIAMI FL 33196

Mailing Address
 10617 HAMMOCKS BLVD., #1126
 MIAMI FL 33196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 7343 CARLYLE AVE
 Suite, Apt. #, etc.
 APT # 1-A

3. Mailing Address
 7343 CARLYLE AVE
 Suite, Apt. #, etc.
 APT # 1-A

City & State
 MIAMI BEACH, FL

City & State
 MIAMI BEACH, FL

4. FEI Number
 65-1112703

Applied For
☐ Not Applicable

Zip
 33141

Country
 USA

Zip
 33141

Country
 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VELAZQUEZ, JUAN S
 10617 HAMMOCKS BLVD., #1126
 MIAMI FL 33196

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 X
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	VELAZQUEZ, JUAN S	10617 HAMMOCKS BLVD., #1126	MIAMI FL 33196	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	VELAZQUEZ, JUAN S	7343 CARLYLE AVE. APT # 1-A	MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: X **SIGNATURE REQUIRED** JUAN S VELAZQUEZ 4-1-02 (786) 351-9383
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** **Date** **Daytime Phone #**

CR2E034 (9/01)