

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90182 041 \*\*\*150.00

**DOCUMENT # P01000014234**

1. Entity Name  
**MAGNISYSTEM, INC.**

Principal Place of Business  
**16300 NE 19 AVENUE #100**  
**NORTH MIAMI BEACH FL 33162**

Mailing Address  
**16300 NE 19 AVENUE #100**  
**NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

3. Mailing Address  
**Fernando Silva**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**16300 NE 19 Ave # C**

City & State

City & State  
**N. Miami Bch FL**

4. FEI Number  
**65-1073257**

Applied For  
☐ Not Applicable

Zip

Country

Zip  
**33162**

Country

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

6. Name and Address of Current Registered Agent

**SILVA, FERNANDO**  
**16300 NE 19 AVENUE #100**  
**NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name **Fernando Silva**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16300 NE 19 Ave**  
**Suite C**  
 City **North Miami Bch FL** Zip Code **33162**

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

**4/24/02**

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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **SARMIENTO, RICARDO**  
 STREET ADDRESS **1970 NE 172 ST #4**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **VD** ☐ Delete  
 NAME **SENDOYA, MONICA**  
 STREET ADDRESS **1970 NE 172 ST #4**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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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TITLE ☐ Change ☐ 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:

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/02**

CR2E034 (9/01)