

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90342 037 \*\*\*150.00

**DOCUMENT # P01000034535**

1. Entity Name  
**MAGINIDE, INC.** ✓

Principal Place of Business  
**1334 MARSH CREEK LANE**  
**ORLANDO FL 32828**

Mailing Address  
**1334 MARSH CREEK LANE**  
**ORLANDO FL 32828**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**59-3710470**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MUNOZ, GINA M**  
**1334 MARSH CREEK LANE**  
**ORLANDO FL 32828**

7. Name and Address of New Registered Agent  
 Name **WASHINGTON MUNOZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1334 MARSH CREEK LANE**  
 City **ORLANDO** FL Zip Code **32828**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: DATE: **7/11/02**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	MUNOZ, WASHINGTON G	1334 MARSH CREEK LANE	ORLANDO FL 32828	<input type="checkbox"/>
VD	MUNOZ, OLGRE	1334 MARSH CREEK LANE	ORLANDO FL 32828	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Vice-President	MUNOZ, GINA M	1334 Marsh Creek Ln	Orlando, FL 32828	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	MUNOZ, Olgre	1334 Marsh Creek Ln	Orlando, FL 32828	<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 of such other like empowered.

SIGNATURE: DATE: **7/11/02** (321) 235-9570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

*Attachment*

**MAGINIDE, INC.**  
**DOC. # P01000034535**

*P01000034535*

JULY 11, 2002

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE THE REINSTATEMENT FEE FOR MY CORPORATION FOR NOT FILING THE UNIFORM BUSINESS REPORT ON TIME. I HAD NOT PAID BECAUSE I DID NOT RECEIVED THE UNIFORM REPORT AND BECAUSE THIS IS THE FIRST YEAR I DID NOT KNOW NOTHING ABOUT IT.

THANK YOU FOR YOUR ATTENTION,



WASHINGTON MUNOZ - PRESIDENT