

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91071 049 \*\*\*150.00

**DOCUMENT # P01000091252**

1. Entity Name  
**MAGRINI POLO, INC.**



Principal Place of Business  
**12765 FOREST HILL BLVD.  
SUITE 1302  
WELLINGTON FL 33414**

Mailing Address  
**12765 FOREST HILL BLVD.  
SUITE 1302  
WELLINGTON FL 33414**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1144778**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DE MENDOZA, MARIO G  
251 ROYAL PALM WAY, STE. 602  
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name **Mario G. de Mendoza, III, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**12765 Forest Hill Boulevard, Suite 1302**  
City **Wellington** FL Zip Code **33414**

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 **Mario G. de Mendoza, III, President**

01/16/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAGRINI, MATIAS</b> <b>251 ROYAL PALM WAY, STE. 602</b> <b>PALM BEACH FL 33480</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> <b>Magrini, Matias</b> <b>12765 Forest Hill Boulevard, Suite 1302</b> <b>Wellington, Florida 33414</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>MENDOZA, MARIO G III</b> <b>251 ROYAL PALM WAY, STE. 602</b> <b>PALM BEACH FL 33480</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>de Mendoza, Mario G III</b> <b>12765 Forest Hill Boulevard, Suite 1302</b> <b>Wellington, Florida 33414</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Matias Magrini, President** 03-03-2003 (561) 642-0025

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

PO1000091252

86658252

**MARIO G. DE MENDOZA, III, P.A.**

ATTORNEYS AT LAW

12765 FOREST HILL BOULEVARD

SUITE 1302

WELLINGTON, FLORIDA 33414

TELEPHONE: (561) 784-2930

TELEFAX: (561) 784-2933

E-MAIL: office@pblaw.us

**MARIO G. DE MENDOZA, III**

**FRANKLIN G. CALLAS, OF COUNSEL**

March 14, 2003

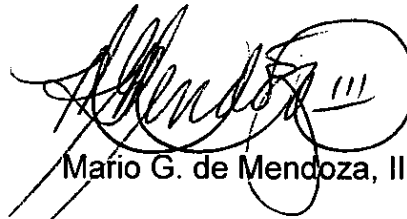
Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Magrini Polo, Inc.  
Our File No. 5355.8

Dear sir or madam:

Enclosed herewith please find the 2003 Uniform Business Report for the above referenced Corporation along with a check made payable to the Florida Department of State in the amount of \$150.00.

Sincerely,



Mario G. de Mendoza, III

MGMIII:dh  
Enclosures