

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-17-2003 90108 003 \*\*\*150.00

DOCUMENT # P02000052316

1. Entity Name  
MAGNETIC ALOUETTE PRODUCTION, INC.



Principal Place of Business  
114 GULFVIEW DRIVE  
ISLAMORADA FL 33036

Mailing Address  
114 GULFVIEW DRIVE  
ISLAMORADA FL 33036



2. Principal Place of Business  
198 Lorelane Place

3. Mailing Address  
198 Lorelane Place

Suite, Apt. #, etc.  
1st floor

Suite, Apt. #, etc.  
1st floor

City & State  
Key Largo, FL

City & State  
Key Largo FL

Zip  
33037

Country  
U.S.A.

Zip  
33037

Country  
U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0906587

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

## 7. Name and Address of New Registered Agent

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

SIGNATURE \_\_\_\_\_ (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

TITLE ~~PSTD~~ ☒ Delete  
NAME ~~BENSKIN, ANTHONY G.~~  
STREET ADDRESS ~~114 GULFVIEW DRIVE~~  
CITY-ST-ZIP ~~ISLAMORADA FL 33036~~

TITLE ~~BENSKIN, Danielle E. Mauléon~~ ☒ Delete  
NAME ~~BENSKIN, Danielle E. Mauléon~~  
STREET ADDRESS   
CITY-ST-ZIP

TITLE ~~PSTD~~ ☒ Delete  
NAME ~~BENSKIN, Danielle E. Mauléon~~  
STREET ADDRESS   
CITY-ST-ZIP

TITLE PSTD ☐ Delete  
NAME BENSKIN, Danielle E. Mauléon  
STREET ADDRESS 198 Lorelane Place  
CITY-ST-ZIP Key Largo FL 33037

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secretary ☒ Change ☐ Addition  
NAME BENSKIN, Anthony G.  
STREET ADDRESS 198 Lorelane Place  
CITY-ST-ZIP Key Largo FL 33037

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ 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

03/11/03 (305) 451-1493

Date

Daytime Phone #

CR2E034 (10/02)