

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91456 046 ***150.00

DOCUMENT # P02000073764

1. Entity Name
MAGOUSIA, CORP



Principal Place of Business
~~1060 NE 78 STREET~~
~~9~~
~~MIAMI FL 33138~~

Mailing Address
~~1060 NE 78 STREET~~
~~9~~
~~MIAMI FL 33138~~

2. Principal Place of Business
17570 Atlantic Blvd
Suite, Apt. #, etc.
103
City & State
SUNNY Island, FL
Zip
33160 Country
USA

3. Mailing Address
17570 Atlantic Blvd
Suite, Apt. #, etc.
103
City & State
SUNNY Island FL
Zip
33160 Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0729733 Applied For
Not Applicable

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

MANTILLA, CARLOS A

~~1060 NE 78 STREET~~ **17570 Atlantic Blvd**
~~MIAMI FL 33138~~ **103**
SUNNY Island, FL 33160

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

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**

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MANTILLA, CARLOS A
1060 NE 78 STREET, APT. # 9
MIAMI FL 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DI/IS-D
Mantilla Carlos A
17570 Atlantic Blvd # 103
SUNNY Island, FL 33160 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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MANTILLA, CARLOS A
1060 NE 78 STREET, APT. # 9
MIAMI FL 33138 ☒ Delete

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☐ 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

4/27/03
Date

305-607-8905
Daytime Phone #

CR2E034 (10/02)