## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachme

SIGNATURE:

## DOCUMENT # P93000042636 Apr 23, 2000 8:00 am Secretary of State MAGNA INTERESTS, INC. 04-23-2000 90007 031 \*\*\*150.00 Mailing Address Principal Place of Business 1351 W TERRA MAR DR 1351 W TERRA MAR DR POMPANO BEACH FL 33062 POMPANO BEACH FL 33062-6811 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSSO, SELENA Street Address ox Number is Not Acceptable) 1351 W TERRA MAR DR POMPANO BEACH FL 33062 City hent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above na SIGNATURE le ii applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TVP Delete TITLE Addition TITLE RUSSO, SELENA NAME NAME STREET ADDRESS STREET ADDRESS 1351 W TERRA MAR DR CITY-ST-ZIF CITY-ST-ZIP POMPANO BEACH FL ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ~ 🔲 Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 antal 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block, I or Block 12 in 13. I hereby certify that the information indicated on this report or suppl of the corporation or the rece