

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90207 003 ***150.00

DOCUMENT # P93000042636

1. Entity Name
MAGNA INTERESTS, INC.



Principal Place of Business
**1351 W TERRA MAR DR
POMPANO BEACH FL 33062**

Mailing Address
**1351 W TERRA MAR DR
POMPANO BEACH FL 33062**



2. Principal Place of Business

2691 S. Course Dr

3. Mailing Address

Same

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33069

Country

Broward

Zip

Country

5. Certificate of Status Desired, ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RUSSO, TANIA

1351 W TERRA MAR DR

POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name

Russo, Tania

Street Address (P.O. Box Numbers Not Acceptable)

2691 South Course Dr

City

Pompano Beach FL

Zip Code

33069

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**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PS RUSSO, TANIA**
STREET ADDRESS **1351 W TERRA MAR DR**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PS. Russo, Tania**
STREET ADDRESS **2691 South Course Dr**
CITY-ST-ZIP **Pompano Beach, FL 33069**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

Date

Daytime Phone #

4/15/03 954 969-7762

CR2E034 (10/02)