

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 93 0000 85 6 82

1. Entity Name

MAGISHU, INC.

Principal Place of Business

8360 W. FLAGLER
SUITE 200

MIAMI, FLA. 33144

Mailing Address

8360 W. FLAGLER
SUITE 200

MIAMI, FLA. 33144

2. Principal Place of Business

8360 W. FLAGLER
Suite, Apt. #, etc. 200

3. Mailing Address

8360 W. FLAGLER
Suite, Apt. #, etc. 200

City & State

MIAMI, FLA

City & State

MIAMI, FLA.

4. FEI Number

65-0488649

Applied For

Not Applicable

Zip

33144

Country

USA

Zip

33144

Country

USA

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

6. Name and Address of Current Registered Agent

ALBERTO J. PARLADÉ
7050 SW 86 AVENUE
MIAMI, FLA. 33143

7. Name and Address of New Registered Agent

Name LUIS RIOS
Street Address (P.O. Box Number is Not Acceptable)
8360 W. FLAGLER
SUITE 200
City MIAMI FL Zip Code 33144

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ~~PSID~~ GIOVANNI BELOSSI ☐ Delete
NAME PALAZZO CREDITO SVIZZERO CP 129
STREET ADDRESS 6593 CADENAZZO, OC
CITY-ST-ZIP

TITLE V ALBERTO J. PARLADÉ ☒ Delete
NAME
STREET ADDRESS 7050 SW 86 AVE
CITY-ST-ZIP MIAMI, FLA 33143

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE VICE-PRESIDENT ☐ Change ☒ Addition
NAME LUIS RIOS
STREET ADDRESS 8360 W. FLAGLER, SUITE 200
CITY-ST-ZIP MIAMI, FLA. 33144

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/22/00 (305) 554-7225

#7067

CR2E034 (9/99)

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90060 038 ***558.75

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DO NOT WRITE IN THIS SPACE