

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90056 007 \*\*\*150.00

DOCUMENT # P93000086682

1. Entity Name

MAGUIÑA BROS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3660 SW 64TH AVE

Suite, Apt. #, etc.

3. Mailing Address  
3660 SW 64TH AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
DAVIE, FLORIDA

City & State  
DAVIE, FLORIDA

4. FEI Number  
65-0457612

Applied For  
Not Applicable

Zip  
33314

Country  
BROWARD

Zip  
33314

Country  
BROWARD

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
MAGUIÑA, HUMBERTO

Street Address (P.O. Box Number is Not Acceptable)

3660 SW 64TH AVE

City  
DAVIE

FL Zip Code  
33314

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

HUMBERTO MAGUIÑA, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

08/22/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PS  
MAGUIÑA, HUMBERTO  
3660 SW 64TH AVE  
DAVIE, FL 33314

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUMBERTO MAGUIÑA

08/22/02

(954)791-4884

Date

Daytime Phone #

CR2ED34S (12/01)

Attachment

a 7664m

#P9300086682

AUGUST 23, 2002

MAGUINA BROS, INC.  
3660 SW 64TH AVE  
DAVIE, FL 33314

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

DEAR SIR / MADAM

As per our telephone conversation enclosed please find a check in the amount of \$150.00 for the 2002 Uniform Business Report, which was originally mailed to my old address, 2175 S.W. 1St. Street, Miami, Fl 33135. Somehow the original was not forwarded to my new address, indicated above.

PLEASE ADVISE. SINCERELY

  
Humberto Maguiña