

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90133 033 ***158.25

DOCUMENT # P94000036999

1. Entity Name

MARGAL VENTURES, LTD., INC.

Principal Place of Business

Mailing Address

1970 NE 149 ST
 N MIAMI FL 33181
 US

1306 NE 105 STREET
 MIAMI FL 33138-2144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
 N.M.I.A.

Suite, Apt. #, etc.
 N.M.I.A., FLA.

City & State

City & State

Zip 33181

Country

33181

FLA.

4. FEI Number

65-0532713

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

GAAL, MARTON M
 1306 N.E. 105 STREET
 MIAMI FL 33138

Name

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

1970 NE

City

149th
 N.M.I.A.

FL

Zip Code

33181

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P**
 STREET ADDRESS **GAAL, MARTON M**
 CITY-ST-ZIP **1306 NE 105TH ST**
MIAMI FL 33138

TITLE Change Addition
 NAME
 STREET ADDRESS **1970 NE 149 SW**
 CITY-ST-ZIP **N. M.I.A. FLA 33181**

TITLE Delete
 NAME **S**
 STREET ADDRESS **GAAL, MARTON M**
 CITY-ST-ZIP **1306 NE 105TH ST**
MIAMI FL 33138

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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 Back 11 of this report 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 #

MARTON GAAL, June 2/1 2000

2/1 2000

CR2E034 (9/99)