

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000082024

1. Entity Name

MAGNA MEDICAL, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90299 036 ***150.00

Principal Place of Business

Mailing Address

7200 NW 7TH STREET
SUITE 200
MIAMI FL 33126
US

7200 NW 7TH STREET
SUITE 200
MIAMI FL 33126-2941
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0548090

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

LEOPOLD, NORMAN
20801 BISCAYNE BLVD
SUITE 501
AVENTURA FL 33180

Name

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

City

FL

Zip Code

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	VPD	<input type="checkbox"/> Delete
NAME	ANDRES, RAMOS	
STREET ADDRESS	7200 NW 7 ST STE 200	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GONZALEZ, IRIS J	
STREET ADDRESS	7200 NW 7 ST STE 200	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GONZALEZ, LOUIS O	
STREET ADDRESS	7200 NW 7 ST STE 200	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	GONZALEZ-NUNEZ, LISETTE	
STREET ADDRESS	7200 NW 7 ST STE 200	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

LISETTE - GONZALEZ - NUNEZ

Date

Daytime Phone #

4/25/00 305-261-2211

CR2E034 (9/99)