

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011912

1. Entity Name
MAGAS, CORP.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90081 050 ***150.00

Principal Place of Business

8754 S.W. 8TH STREET
MIAMI FL 33174

Mailing Address

8754 S.W. 8TH STREET
MIAMI FL 33174-3201

2. Principal Place of Business

5445 COLLINS AVENUE

3. Mailing Address

5445 COLLINS AVENUE

Suite, Apt. #, etc.

CU9

Suite, Apt. #, etc.

CU9

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FLORIDA

Zip

33140

Country

U.S.A.

Zip

33140

Country

U.S.A.

4. FEI Number

65-0638971

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESCOBAR, GLORIA
8160 GENIVA COURT APT. #A-509
MIAMI FL 33166

Name ESCOBAR GLORIA

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

5775 COLLINS AVENUE, APT. 1107

City MIAMI BEACH,

FL

Zip Code

33140

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 *Gloria Escobar* GLORIA ESCOBAR

2/29/00

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	DPST	<input type="checkbox"/> Delete
NAME	ESCOBAR, GLORIA	
STREET ADDRESS	8160 GENIVA COURT APT. #A509	
CITY-ST-ZIP	MIAMI FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5775 COLLINS AVENUE, APT. 1107
CITY-ST-ZIP	MIAMI BEACH, FL. 33140
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	
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	
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: *Gloria Escobar* / GLORIA ESCOBAR

2/29/00

Date

(305) 866-4922

Daytime Phone #

CR2E034 (9/99)