

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90174 038 \*\*\*150.00

**DOCUMENT # P96000014226**

**1. Entity Name**  
**MAG FINANCIAL GROUP, INC.**



**Principal Place of Business**  
10250-SW-56TH-STREET  
SUITE-D-101  
MAIMI FL 33165-

**Mailing Address**  
-10250-SW-56TH-STREET-  
SUITE-D-101  
MAIMI FL 33165



**2. Principal Place of Business**

**3. Mailing Address**

9507 SW 160 St #245

9507 SW 160 St #245

Suite, Apt., etc.

Suite, Apt., etc.

#245

#245

City & State  
Miami, Florida

City & State  
Miami, Florida

Zip  
33157

Country  
U.S.A

Zip  
33157

Country  
USA

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 65-0645415

**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**

KUKER, HOWARD L  
9200 SO. DADELAND BLVD.  
SUITE 508  
MIAMI FL 33156

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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** LINDSEY, MARGARITA A  
**STREET ADDRESS** 9270 S.W. 183RD TERRACE 9041 SW 197 St  
**CITY-ST-ZIP** MIAMI-FL Miami, FL 33157

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** 9041 SW 197 Street  
**CITY-ST-ZIP** Miami, FL 33157

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

Date

Daytime Phone #

(305) 971-0992

CR2E034 (10/02)