

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90071 014 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000019996 1. Entity Name SUPA MAGS FLORIDA, INC.					
Principal Place of Business 625 N ANDREWS AVENUE FORT LAUDERDALE, FL 33311			Mailing Address 625 N ANDREWS AVENUE FORT LAUDERDALE, FL 33311		
2. Principal Place of Business Suite, Apt. #, etc.:			3. Mailing Address Suite, Apt. #, etc.:		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 65-0648767			
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DINKELSPIEZ, ASNE 61 S W 91ST AVE., #105 PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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 _____ DATE _____ (Signature must be printed name of registered agent and date if applicable) (NOTE: Registered Agent must sign this statement when registering)					
9. Election Campaign Financing Trust Fund Contribution ☐				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	
	ST GOODMAN, ASNE	161 SW 967 AVE 106	PLANTATION, FL 33311		
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
				☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 112.07(3)(b), 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 employment.					
SIGNATURE _____ DATE _____ (Signature must be printed name of signing officer or director)					

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