

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000057438

1. Entity Name

MAGNUM PUBLISHING COMPANY

Principal Place of Business

Mailing Address

1300 PARK OF COMMERCE
#272
DELRAY BEACH FL 33445
US

801 NW 37TH AVENUE
DELRAY BEACH FL 33445-1920

2. Principal Place of Business

3. Mailing Address

801 NW 37th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Delray Beach FL

Zip

Country

Zip

Country

33445

4. FEI Number

65-0682637

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

REISKIND, STEVEN
1300 PARK OF COMMERCE
#272
HOLLYWOOD FL 33021

Name Steven Reiskind

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 DP
NAME PERLMAN, JEFF
STREET ADDRESS 801 NW 37TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

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

TITLE DST
NAME REISKIND, STEVEN
STREET ADDRESS 801 NW 37TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL ☐ Delete

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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

Steven Reiskind

2/14/00

954-684-5526

Date

Daytime Phone #

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90019 043 ***150.00



DO NOT WRITE IN THIS SPACE