

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000081902

1. Entity Name

MAGABOL INC.

Principal Place of Business

13458 SW 62ST. Q101
MIAMI FL 33183

Mailing Address

13458 SW 62ST. Q101
MIAMI FL 33183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TALavera, Gaby
13458 SW 62ST. Q101
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name TORRES, Gaby

Street Address (P.O. Box Number is Not Acceptable)
13458 SW 62 ST, Q101

City MIAMI

Zip Code 33183

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 Gaby Torres
Signature, typed or printed name of registered agent and title if applicable

Signature of Registered Agent
(NOTE: Registered Agent Signature Required when: (a) Changing)

4/16/01
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, 2001 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 P
NAME TALavera, Gaby
STREET ADDRESS 13458 S.W. 62ST, Q101
CITY - ST - ZIP MIAMI FL ☒ Delete

TITLE VP
NAME TORRES, MARIO A
STREET ADDRESS 13458 SW 62ND ST, Q101
CITY - ST - ZIP MIAMI FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME TORRES, Gaby
STREET ADDRESS 13458 SW 62 ST, Q101
CITY - ST - ZIP MIAMI, FL 33183 ☒ Change ☐ Addition

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

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

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CITY - ST - ZIP ☐ Change ☐ Addition

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

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

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 of Signing Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01 305-326-2641
Date Daytime Phone

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90063 001 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)