

FILED
Jun 25, 2001 8:00 am
Secretary of State

05-23-2001 91180 008 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000038174**

1. Entity Name
MAGULLA, INC.

Principal Place of Business

3601 NE 20TH ST
 AVENTURA FL 33180
 US

Mailing Address

1185 WAYNE AVE 6573 Woodbriar Lane
 20TH FLOOR
 GREENVILLE OH 45331
 US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0837736**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

GULLIA, HENRY EMIL
6870 FOREST VILLA CIRCLE PO Box 800901
FT. MYERS FL 33908
AVENTURA, FL
33280

Name **EMIL GULLIA**
 Street Address (P.O. Box Number is Not Acceptable)
3601 N.E. 20th St. #57
 City **AVENTURA** FL Zip Code **33280**

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 reappointing)

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	DP	☐ Delete
NAME	GULLIA, EMIL M MD	
STREET ADDRESS	1185 WAYNE AVE	
CITY-ST-ZIP	GREENVILLE OH 45331	
TITLE	DST	☐ Delete
NAME	GULLIA, FRANCES E	
STREET ADDRESS	1185 WAVYNE AVE	
CITY-ST-ZIP	GREENVILLE OH 45331	
TITLE	VP	☐ Delete
NAME	GULLIA, SAMUEL P	
STREET ADDRESS	1185 WAYNE AVE	
CITY-ST-ZIP	GREENVILLE OH 45331	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	6573 Woodbriar Lane	
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	6573 Woodbriar Lane	
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	6573 Woodbriar Lane	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

Emil Gullia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Emil Gullia

March 23, 2001 937 547-1619
 Date Daytime Phone #

CR2EC34 (10/00)