

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 98000046056

1. Entity Name

MAGNUS LOYAL PROPERTIES OF FLORIDA, INC.

Principal Place of Business

UNIT 902  
THE MUTINY HOTEL  
2951 SOUTH BAYSHORE DR.  
COCONUT GROVE, FL 33133

Mailing Address

C/O JAIME BEHAR CPA  
16375 NE 18 AVE #205  
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

THE MUTINY HOTEL

Suite, Apt. #, etc.

UNIT 902 THE MUTINY HOTEL

City & State 2951, SOUTH BAYSHORE DR.  
COCONUT GROVE, FL

Zip 33133

Country MIAMI-DADE

City & State NORTH MIAMI BEACH FL

Zip 33162

Country MIAMI DADE

3. Mailing Address

C/O JAIME BEHAR CPA  
16375 NE 18 AVE

Suite, Apt. #, etc.

SUITE 205

City & State NORTH MIAMI BEACH FL

Zip 33162

4. FEI Number

65-0846431

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MET PARTNERS, INC  
c/o 9444 SW 69 CT.  
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name JAIME BEHAR

Street Address (P.O. Box Number is Not Acceptable)

16375 NE 18 AVE #205

City

NORTH MIAMI BEACH

FL

Zip Code 33162

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

Jaime Behar JAIME BEHAR

7/16/01

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, 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMPONI, MIGUEL C	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 otherlike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/01

305-940-0303

Daytime Phone #

CR2E034 (11/00)