

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000046056**

1. Entity Name

MAGNUS LOYAL PROPERTIES OF FLORIDA, INC.

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90006 030 ***550.00

00059121

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

THE MUTINY HOTEL

3. Mailing Address

**C/O JAIME BEHAR CPA
16375 NE 18 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 902 THE MUTINY HOTEL

SUITE 205

City & State **2951 SOUTH BAYSHORE DR.**

City & State

NORTH MIAMI BEACH FL

4. FEI Number

65-0846431

Applied For

Not Applicable

Zip

33133

Country

MIAMI-DADE

Zip

33162

Country

MIAMI DADE

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

**MET PARTNERS, INC
C/O 9444 S.W. 69 CT.
MIAMI, FL 33156**

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 **D** ☐ Delete
TIMPONI, MIGUEL C
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

Date

Daytime Phone #

7/16/01

305-940-0303

CR2E034 (11/00)