

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90782 037 ***150.00

DOCUMENT # P98000046056

1. Entity Name

MAGNUS LOYAL PROPERTIES OF FLORIDA, INC

DO NOT WRITE IN THIS SPACE

042100

2. Principal Place of Business

UNIT 902 THE MUTINY HOTEL

3. Mailing Address

90 JAIME BEHAR CPA 16375 NE 18 AVE

Suite, Apt. #, etc.

2951 SOUTH BAYSHORE DR

Suite, Apt. #, etc.

SUITE 205

City & State

COCONUT GROVE FL

City & State

NORTH MIAMI BEACH FL

Zip

33133

Country

DADE

Zip

33162

Country

DADE

4. FEI Number

65-0846431

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current 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

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IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TIMPONI, MIGUEL C
2951 SOUTH BAYSHORE DR #902
COCONUT GROVE FL 33133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MIGUEL C. TIMPONI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

305-940-0303

Daytime Phone #

CR2E034B (12/01)