

2001 UNIFORM BUSINESS REPORT (UBR)

4/27/

FILED
May 18, 2001 8:00 am
Secretary of State

04-27-2001 90321 012 ***150.00

DOCUMENT # P98000068959 *paid #1268*

1. Entity Name

MR. MAGOO PARTY SUPPLIES DISCOUNT, INC.

Principal Place of Business

2029 W 62 ST
HIALEAH FL 33018

Mailing Address

2043 W 62ND STREET
HIALEAH FL 33016

2. Principal Place of Business

2029 W. 62 ST

3. Mailing Address

2029 W. 62 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Fla

City & State

Hialeah Fla,

Zip

33016

Country

Zip

33016

Country

4. FEI Number 65-0853339

Applied For

Not Applicable

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

~~GARCIA, ARNOLD L~~
2043 W 62ND STREET
HIALEAH FL 33016

Name *Reymi tur*

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

11201 SW 55 Street Lot 243

City *Miramar*

FL

Zip Code

33025

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 *X*

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

(NOTE: Registered Agent signature required when re-issuing)

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	D	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, ARNOLD L	
STREET ADDRESS	11201 SW 55 ST UNIT 246	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ACOSTA, MARTA L	
STREET ADDRESS	11201 SW 55 ST UNIT 246	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arinda tur	
STREET ADDRESS	7526 W 20 ave apt 201	
CITY-ST-ZIP	Hialeah, FL 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)