

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90076 004 \*\*\*150.00

**DOCUMENT # P98000074743**

1. Entity Name  
**MAGOO ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**14550 BRUCE B. DOWNS BLVD. BLDG 7 #195** **14550 BRUCE B. DOWNS BLVD. BLDG 7 #195**  
**TAMPA FL 33613** **TAMPA FL 33613**

2. Principal Place of Business 3. Mailing Address  
**153 SOXALIS DR** **153 SOXALIS DR**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number 59-3533783 Applied For  
**ORLANDO FL.** **ORLANDO FL.** Not Applicable  
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional  
**32807** **32807** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**MORALES, RAFAEL** Name **MORALES, RAFAEL**  
**14550 BRUCE B. DOWNS BLVD. BLDG 7 #195** Street Address (P.O. Box Number is Not Acceptable)  
**TAMPA FL 33613** **153 SOXALIS DR**  
 City **ORLANDO FL.** FL Zip Code **32807**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State** 10. Election Campaign Financing ☐ \$5.00 May Be  
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	Rafael Morales	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFAEL, MORALES		NAME	153 SOXALIS DR	
STREET ADDRESS	14550 B.B. DAWNS BLVD BLDG 7 #195		STREET ADDRESS	ORLANDO FL.	
CITY-ST-ZIP	TAMP FL		CITY-ST-ZIP	32807	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 #

CR2E034 (9/01)