

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90487 030 \*\*\*150.00

**DOCUMENT #** *P98000082172***1. Entity Name***Magna Construction, Inc.* ✓**Principal Place of Business****12054 NW 98 Avenue A100**  
**HIALEAH GARDENS, FL 33018****Mailing Address****12054 NW 98 Avenue S.A100**  
**HIALEAH GARDENS, FL 33018****2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0867791**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75 Additional**  
**Fee Required****6. Name and Address of Current Registered Agent****Tourino, Cristina**  
**12054 NW 98 Avenue Suite A100**  
**Hialeah Gardens, FL 33018****7. Name and Address of New Registered Agent**

Name

**Cristina Tourino**

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

**12054 NW 98 Avenue A100****HIALEAH GARDENS, FL 33018**

City

**FL**

Zip Code

**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) ☐**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** ☐ Delete  
**NAME** **STD**  
**STREET ADDRESS** **Cristina Tourino**  
**CITY-ST-ZIP** **12054 NW 98 Avenue Suite A100**  
**Hialeah Gardens, FL 33018****TITLE** ☐ Delete  
**NAME** **PD**  
**STREET ADDRESS** **Mitchell Tourino**  
**CITY-ST-ZIP** **12054 NW 98 Avenue Suite A100**  
**Hialeah Gardens, FL 33018****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
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**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ 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 of 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

*3/5/01*

Date

*305-819-1670*

Daytime Phone #

CR2E034 (11/00)