

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90059 041 ***150.00

DOCUMENT # P98000082172

1. Entity Name
MAGNA CONSTRUCTION INC.

Principal Place of Business
 12054 NW 98TH AVE. SUITE A100
 HIALEAH GARDENS FL 33018

Mailing Address
 12054 NW 98TH AVE. SUITE A100
 HIALEAH GARDENS FL 33018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2216 W. 80th Street

3. Mailing Address
 2216 W. 80th Street

Suite, Apt. #, etc.
 Bay #8

Suite, Apt. #, etc.
 Bay #8

City & State
 Hialeah, Florida

City & State
 Hialeah, Florida

4. FEI Number 65-0867791

Applied For
 Not Applicable

Zip
 33016

Country
 US

Zip
 33016

Country
 US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TOURINO, CRISTINA
 12054 NW 98 AVENUE A100
 HIALEAH GARDENS FL 33018

7. Name and Address of New Registered Agent

Name **Tourino, Cristina**
 Street Address (P.O. Box Number is Not Acceptable)
 2216 W. 80th Street
 Bay #8
 City **Hialeah** **FL** Zip Code **33016**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TOURINO, CRISTINA 12054 NW 98 AVENUE SUITE A100 HIALEAH GARDENS FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOURINO, MITCHELL 12054 NW 98 AVENUE SUITE A100 HIALEAH GARDENS FL 33018	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Tourino, Cristina 2216 W. 80 street + Bay #8 Hialeah, FL 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOURINO, MITCHELL 2216 W. 80 Street + Bay #8 Hialeah, Florida 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 305-819-1670

Date

Daytime Phone #

CR2E034 (9/01)