

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083711

1. Entity Name

MAGOO SR, CORPORATION

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FILED
Jul 11, 2000 8:00 am
Secretary of State

03-14-2000 90032 002 ***150.00

Principal Place of Business

198 NW 79 STREET
MIAMI FL 33150

Mailing Address

198 NW 79 STREET
MIAMI FL 33150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0995633

APPLIED FOR

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

BARBANELL, JOEL
198 NW 79 STREET
MIAMI FL 33150

Name

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

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
BARBANELL, JOEL
3530 MYSTIC POINTE DR APT 1513
AVENTURA FL 33180

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Joel Barbanell REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOC# P98000083711
18245

July 5, 2000

To Whom It may Concern.

I mailed in my check 6 weeks ago for 150
well within the time frame allotted - I also filled out the
proper form with my FEI #. 65-0995633. Pursuant to
my phone conversation today with your office. Your records show
that you received the 150 check. Please correct your records
with my FEI #.

Thank you
Joe Barbanelle
MA600 SR CORP
65-0995633

As per your advice please waive the 550 penalty.