

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086407

1. Entity Name

MAG ENTERPRISES, INC. c/o TILDEN CARE ARE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 11 PM 4:51

Principal Place of Business

1050 W. COMMERCIAL BLVD.  
FORT LAUDERDALE FL 33309

Mailing Address

1050 W. COMMERCIAL BLVD.  
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

1050 W. COMMERCIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C.

City & State

City & State

FT LAUDERDALE FL

Zip

Country

Zip

33309

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0869866

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

MEROLA, JAMES R  
11380 PROSPERITY FARMS RD., SUITE 204  
PALM BCH GARDENS FL 33410

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)

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.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D  
NAME MAGRI, JOSEPH R JR.  
STREET ADDRESS 708 STONEWOOD CT. NO. 20-A  
CITY-ST-ZIP JUPITER FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME JOSEPH R MAGRI JR.  
STREET ADDRESS 6056 TERRA ROSA CIR  
CITY-ST-ZIP Boynton Bch FL 33437

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/00

Date

954229-2450

Daytime Phone #

CR2E034 (500)