

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000086428

1. Entity Name

MAGNOLIA & CAPRI INC

Principal Place of Business	Mailing Address
75 VALENCIA AVENUE 4TH FLOOR CORAL GABLES, FL 33134	75 VALENCIA AVENUE 4TH FLOOR CORAL GABLES, FL 33134

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0870873

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE LA PENA, VILLANUEVA & BAJANDAS LLP
601 BRICKELL KEY DRIVE, SUITE 705
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name	CARLOS VILLANUEVA
Street Address (P.O. Box Number is Not Acceptable)	75 VALENCIA AVENUE 4TH FLOOR
City	CORAL GABLES
FL	Zip Code 33134

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



CARLOS VILLANUEVA

4/28/00

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	DUQUE DE OSPINA, OLGA	
STREET ADDRESS	601 BRICKELL KEY DRIVE, STE 705	
CITY - ST - ZIP	MIAMI, FL 33131	

TITLE	S	<input type="checkbox"/> Delete
NAME	DUQUE, DIEGO O.	
STREET ADDRESS	601 BRICKELL KEY DRIVE, STE 705	
CITY - ST - ZIP	MIAMI, FL 33131	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BAJANDAS, RICARDO	
STREET ADDRESS	601 BRICKELL KEY DRIVE, STE 705	
CITY - ST - ZIP	MIAMI, FL 33131	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUQUE DE OSPINA, OLGA	
STREET ADDRESS	75 VALENCIA AVENUE, 4TH FLOOR	
CITY - ST - ZIP	CORAL GABLES, FL 33134	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VILLANUEVA, CARLOS	
STREET ADDRESS	75 VALENCIA AVENUE, 4TH FLOOR	
CITY - ST - ZIP	CORAL GABLES, FL 33134	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUQUE, DIEGO O.	
STREET ADDRESS	75 VALENCIA AVENUE, 4TH FLOOR	
CITY - ST - ZIP	CORAL GABLES, FL 33134	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

CARLOS VILLANUEVA

4/28/00 305-377-0812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #