

Amended!

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032061

1. Entity Name  
**AMAGNUM INDUSTRIES, INC.**

FILED

01 JUL 30 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**6061 BALBOA CIRCLE  
SUITE 301  
BOCA RATON, FL 33433**

Mailing Address  
**6061 BALBOA CIRCLE  
SUITE 301  
BOCA RATON, FL 33433**

2. Principal Place of Business  
**11561 AUGUSTUS DRIVE**

3. Mailing Address  
**11561 AUGUSTUS DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**BOYNTON BEACH, FLORIDA**

City & State  
**BOYNTON BEACH, FLORIDA**

Zip  
**33437**

Country  
**USA**

Zip  
**33437**

Country  
**USA**

4. FEI Number **65-0909444**

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

**LONGAZEL, CHARLES  
SUITE 301  
6061 BALBOA CIRCLE  
BOCA RATON, FL 33433**

Name  
**JOSEPH SILVER**

Street Address (P.O. Box Number is Not Acceptable)  
**11561 AUGUSTUS DRIVE**

City  
**BOYNTON BEACH**

FL

Zip Code  
**33437**

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  **JOSEPH SILVER PRESIDENT 1/01** DATE **7/20/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PDT**

NAME  
**SILVER, JOSEPH**

STREET ADDRESS  
**11561 AUGUSTUS DRIVE**

CITY-ST-ZIP  
**BOYNTON BEACH FL 33437**

☐ Delete

TITLE  
**SDV**

NAME  
**LONGAZEL, CHARLES**

STREET ADDRESS  
**6061 BALBOA CIRCLE, SUITE 301**

CITY-ST-ZIP  
**BOCA RATON FL 33433**

☒ Delete

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

TITLE  
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
☐ Change ☐ Addition

NAME

STREET ADDRESS  
**600004533916--9**

CITY-ST-ZIP  
**-08/14/01--01048--026**

**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

TITLE  
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

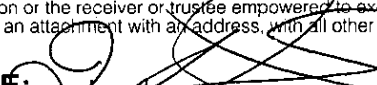
TITLE  
☐ Change ☐ Addition

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 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:  **JOSEPH SILVER** **PRESIDENT** **7/21/01** **(561) 740-7386**

CR2E034 (11/00)