2001 UNIFORM BUSINESS REPORT (UBR)

02-08-2001 90370 023 ***150.00
P99000063201

FILED
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SECRETARY OF STATE
TALLAHAS[redacted]

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000063201

1. Entity Name
Magy Management Services, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business		3. Mailing Address	
12365 Antille Dr		12365 Antille Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Boca Raton, FL		City & State: Boca Raton, FL	
Zip: 33428	Country: USA	Zip: 33428	Country: USA

4. FEI Number: 65-0957992 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Jennifer L. Augspurger
7301 West Palmetto Park Rd
Ste 101 A
Boca Raton, FL 33433-3455

7. Name and Address of New Registered Agent
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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Director Andrew Gerstman 12365 Antille Dr. Boca Raton, FL 33428 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Andrew Gerstman 1/23/01 561-470-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #