

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90002 049 ***550.00

DOCUMENT # P99000104239

1. Entity Name
MAGKOR INDUSTRIES, INC.

Principal Place of Business

1450 MADRUGA AVENUE
 SUITE 300
 CORAL GABLES FL 33146

Mailing Address

1450 MADRUGA AVENUE
 SUITE 300
 CORAL GABLES FL 33146

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

65-1008597

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

PERSUAD, SAMUEL A
1450 MADRUGA AVENUE
SUITE 300
CORAL GABLES FL 33146

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **MCCORD, RAYMOND**
 STREET ADDRESS **11370 N.E. 8TH AVENUE**
 CITY-ST-ZIP **BISCAYNE PARK FL 33161**

TITLE **President/Director** ☒ Change ☐ Addition
 NAME **MCCORD, RAYMOND**
 STREET ADDRESS **8144 NW 1st Street**
 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE **STD** ☒ Delete
 NAME **WALKER, TEN N**
 STREET ADDRESS **1231 MANN'S HILL ROAD**
 CITY-ST-ZIP **LITTLETON NH 03561**

TITLE **Secretary/Director** ☐ Change ☒ Addition
 NAME **BWS, Giovanni**
 STREET ADDRESS **8144 NW 1st Street**
 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **Treasurer/Director** ☐ Change ☒ Addition
 NAME **Rubenstein, Nicholl**
 STREET ADDRESS **5625 Johnson Street**
 CITY-ST-ZIP **Hollywood, FL 33021**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE **Director** ☐ Change ☒ Addition
 NAME **Heavin, Lee**
 STREET ADDRESS **8144 NW 1st Street**
 CITY-ST-ZIP **Coral Springs, FL 33071**

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-23-00 954-755-64