2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000107269** Jul 17, 2000 8:00 am 1. Entity Name **Secretary of State** MAGI21.COM, INC. 07-17-2000 90073 032 ***558.75 Principal Place of Business Mailing Address **14440 SW 110TH STREET** 14440 SW 110TH STREET MIAMI FL 33186 MIAMI FI 33186 2. Principal Place of Business 3. Mailing Address 605 Green Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State МΙ Not Applicable Ann gyboy \$8.75 Additional Zip Country 5. Certificate of Status Desired X SA. 8105 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHEN, CHIN-SHENG Street Address (P.O. Box Number is Not Acceptable) 14440 SW 110TH STREET MIAMI FL 33186 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE Su-chen Jonathon Lin TITLE NAME NAME STREET ADDRESS 605 Green Road STREET ADDRESS Ann Arbor, MI 48105 CITY-ST-ZIP CITY-ST-ZIP ☐ Change **Addition** ☐ Delete TITLE TITLE Chin-Sheng Chen 14440 SW 110 St NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP miami, FL 33186 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Chin-Sheng chen