

2001 UNIFORM BUSINESS REPORT (UBR)

01606328

DOCUMENT # **P99000109653**

1. Entity Name
MAGUI CORPORATION

FILED

01 APR 23 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**901 PONCE DE LEON BLVD. SUITE 601
CORAL GABLES FL 33134**

Mailing Address
**901 PONCE DE LEON BLVD. SUITE 601
CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**999 Ponce De Leon Blvd.
Suite, Apt. #, etc.
1105**

3. Mailing Address
**999 Ponce De Leon Blvd.
Suite, Apt. #, etc.
1105**

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number **65-0870333** Applied For
Not Applicable

Zip **33134** Country **USA**

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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ALBORNOZ, WILLIAM H ESQ
901 PONCE DE LEON BLVD. SUITE 601
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
Name **GUILLERMO CARRILLO**
Street Address (P.O. Box Number is Not Acceptable)
**999 PONCE DE LEON BLVD.
SUITE #1105**
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 **GUILLERMO CARRILLO** DATE **4/4/2001**
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CARRILLO, GUILLERMO 901 PONCE DE LEON BLVD. SUITE 601 CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GUILLERMO CARRILLO 999 PONCE DE LEON BLVD. SUITE #1105 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600004134316--5 -05/03/01--01115--006 ****200.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **GUILLERMO CARRILLO** Date **4/4/2001** Daytime Phone # **305/774-6565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)