

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V34121

1. Entity Name

MAGO, CORP.

Principal Place of Business

6455 W. 18 AVE.
HIALEAH FL 33012

Mailing Address

6455 W. 18 AVE.
HIALEAH FL 33012-6120

2. Principal Place of Business

575 WEST 49 STREET

3. Mailing Address

575 WEST 49 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip

33012

Country

USA

Zip

33012

Country

USA

4. FEI Number

65-0330194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MANUEL I.
6455 W. 18 AVE.
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

GUILLERMO GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

575 WEST 49 STREET

City

HIALEAH,

FL

Zip Code

33012

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, MANUEL I.	
STREET ADDRESS	6455 W. 18 AVE.	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUILLERMO GONZALEZ	
STREET ADDRESS	575 WEST 49 STREET HIALEAH, FL 33012	
CITY-ST-ZIP		
TITLE	VP/TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANUEL GONZALEZ	
STREET ADDRESS	575 WEST 49 STREET HIALEAH, FL 33012	
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELENA GONZALEZ	
STREET ADDRESS	575 WEST 49 STREET HIALEAH, FL 33012	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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

MANUEL GONZALEZ 4-26-00 (305)556-2281

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)