## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35965  1. Entity Name  GENERAL MAGNETICS TECHNOLOGY, INC.							ı	SEURFT	FILEU ARY OF	TATE	
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Principal Plac	e of Business		Mailing Address					00 APR	10 PF	2:24	
2300 CORAL WAY SUITE 200 MIAMI FL 33145 US 2. Principal Place of Business Suite, Apt. #, etc.			2300 CORAL WAY SUITE 200 MIAMI FL 33145-3511 US  3. Mailing Address  Suite, Apt. #, etc.								
							7)	DO NOT WR	IITE IN THIS		
City & State			City & State			<b>4.</b> FI	El Number	65-03369	48		pplied For of Applicable
Zip	C	ountry	Zip	Coun	try		D/11/10 ta = 1	Status Desired		\$8.75 Add Fee Require	
	6. Name and	Address of Current Re	egistered Agent		Name	7. N	ame and Ad	ldress of New	Registered	Agent	
<b>_</b>		DEDOOT ACCURACES "	NO.								
FLORIDA ANNUAL REPORT SERVICES 2300 CORAL WAY			INC.		Street Addre	ess (P.O. Bo	x Number is	Not Acceptab	le)		
	TE 200										
MIAI	MI FL 33145				City				F	Zip Cod	e
		<del>/ \</del>	<del></del>			riotorod nac	nt or both i	n the State of E			
8. The above	named entity byt	mits this statement for the	he purpose of changing it	s registere	ed office or reg	jistereu age	int, or boun, i	THE CHARGE OF T	·lorida.	1	
8. The above	named entity sub	omits) this statement for the	he purpose of changing it					6/	lorida.		
8. The above		Smits this statement for the statement of the statement o	h	AMAD	A CANTEI  Agent signature re	RA LOPI	EZ, PRE	6/	orida.	08	
SIGNATURE .  9. This corpo	Signature, typed or print oration is eligible	nted name of registered agent and the satisfy its Intangible elects to do so.	FILE NOW After MAY 1, 2	AMAD TE: Registered /!!! FEE	A CANTER  Agent signature re  IS \$150.00  will be \$550.	RA LOP Inquired when rein	EZ, PRE	6/	DATE		<b>0</b> May Be
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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 of 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:

TARRIVATED NAME OF GIGNING OFFICER OR DIRECTOR

3/17/2000 Date

56/- 214-3557

Daytime Phone #