

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Z00606

1. Entity Name
MAGNECEL SERVICES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 13 AM 11:45

Principal Place of Business
14390 CARLSON CIRCLE
TAMPA FL 33626

Mailing Address
14390 CARLSON CIRCLE
TAMPA FL 33626-3003



DO NOT WRITE IN THIS SPACE **MJH**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3129180**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEKHOR, DAVID
14390 CARLSON CIRCLE
TAMPA FL 33626

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGRM	BEKHOR, DAVID	14390 CARLSON CIRCLE	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	TAMPA FL							

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/6/2000 813 8557671
Date Daytime Phone #