

2001 UNIFORM BUSINESS REPORT (UBR)

0017958 AF

DOCUMENT # Z00606

1. Entity Name
MAGNECEL SERVICES, L.C.

FILED *AL 2/8*
01 JAN 30 AM 11:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**14390 CARLSON CIRCLE
TAMPA FL 33626**

Mailing Address
**14390 CARLSON CIRCLE
TAMPA FL 33626**



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

DO NOT WRITE IN THIS SPACE

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
Nathaniel L. Doliner, Esq.
Street Address (P.O. Box Number is Not Acceptable)
**One Harbour Place, 5th Floor
777 Harbour Island Boulevard**
City **Tampa** FL Zip Code **33602**

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]*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Nathaniel L. Doliner, Esq.

1/18/01

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

200003673092--5
-02/09/01--01102--017
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGRM**
STREET ADDRESS **BEKHOR, DAVID**
CITY-ST-ZIP **14390 CARLSON CIRCLE
TAMPA FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

David Bekhor

Date

Daytime Phone #

1/25/01

CR2E083 (11/00)