## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# H99143

Entity Name: AUTO MAGIC, INC.

HOLLYWOOD, FL

City-St-Zip:

FILED Apr 28, 2002 8:00 AM Secretary of State

| Current P                                     | rincipal Place                                 | e of Business:                                                            | New Principal Place                         | New Principal Place of Business:             |  |
|-----------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|--|
| 5640 DAW<br>HOLLYWO                           | /SON ST.<br>DOD, FL 3302                       | 3                                                                         |                                             |                                              |  |
| Current Mailing Address:                      |                                                |                                                                           | New Mailing Address                         | New Mailing Address:                         |  |
| 5640 DAW<br>HOLLYWO                           | /SON ST.<br>DOD, FL 3302                       | 3                                                                         |                                             |                                              |  |
| FEI Number                                    | : 59-2806888                                   | FEI Number Applied For ( )                                                | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |                                                |                                                                           | Name and Address o                          | Name and Address of New Registered Agent:    |  |
| The above                                     | /SON ST.<br>DOD, FL 3302                       |                                                                           | purpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATU                                       |                                                |                                                                           |                                             |                                              |  |
| <b></b> .                                     |                                                | nic Signature of Registered Ag                                            | •                                           | Date                                         |  |
|                                               |                                                | o satisty its intangible Tax filing re<br>ig Trust Fund Contribution ( ). | quirement and elects to do so (X).          |                                              |  |
| OFFICERS AND DIRECTORS:                       |                                                |                                                                           | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | D (<br>MENDEZ, PET<br>5640 DAWSOI<br>HOLLYWOOD | N ST.                                                                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:                   | V (<br>MENDEZ, CHF<br>5640 DAWSOI              |                                                                           | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE MENDEZ V 04/28/2002