

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L16539

1. Entity Name
MAGIKCITY COMMUNICATIONS, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90359 028 ***150.00

Principal Place of Business
11767 S. DIXIE HIGHWAY
#151
MIAMI FL 33156
US

Mailing Address
11767 S. DIXIE HIGHWAY
#151
MIAMI FL 33156
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0146585**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STESS, ALAN P
~~7705 SW 110 STREET~~ 3800 SKYFARM DRIVE
~~MIAMI FL 33156~~ SANTA ROSA, CA 95403

7. Name and Address of New Registered Agent
Name JUAN MARCOS AVILA
Street Address (P.O. Box Number is Not Acceptable) 64 PALM AVE., PALM ISLAND
City MIAMI BEACH FL Zip Code 33139

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]* JUAN MARCOS AVILA 3-26-01
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, 2001 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	VSD	<input type="checkbox"/> Delete
NAME	AVILA, JUAN MARCOS	
STREET ADDRESS	64 PALM AVE., PALM ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	P	<input type="checkbox"/> Delete
NAME	STESS, ALAN P.	
STREET ADDRESS	7705 SW 110 STREET 3800 SKYFARM DRIVE	
CITY-ST-ZIP	MIAMI FL 33156 SANTA ROSA, CA 95403	
TITLE	T	<input type="checkbox"/> Delete
NAME	STESS, INA B.	
STREET ADDRESS	7705 SW 110 STREET 3800 SKYFARM DRIVE	
CITY-ST-ZIP	MIAMI FL 33156 SANTA ROSA, CA 95403	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33139	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3800 SKYFARM DRIVE	
CITY-ST-ZIP	SANTA ROSA, CA 95403	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3800 SKYFARM DRIVE	
CITY-ST-ZIP	SANTA ROSA, CA 95403	
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		
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)(i), 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]* ALAN P. STESS 3/21/01 (707) 568-5793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)