

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L78908

1. Entity Name

MAGIKCITY REALTY CORPORATION

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90111 030 ***150.00

Principal Place of Business

255 UNIVERSITY DRIVE
104
CORAL GABLES FL 33134
US

Mailing Address

255 UNIVERSITY DRIVE
104
CORAL GABLES FL 33134-6732
US

2. Principal Place of Business

251 UNIVERSITY DR.
Suite, Apt. #, etc.

3. Mailing Address

251 UNIVERSITY DR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

4. FEI Number

65-0198164

Applied For

Not Applicable

Zip

33134

Country

Zip

33134

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, MIGUEL A.
255 UNIVERSITY DR
SUITE 104
CORAL GABLES FL 33134

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HERNANDEZ, MIGUEL
STREET ADDRESS 255 UNIVERSITY DRIVE, STE. 104
CITY-ST-ZIP CORAL GABLES FL

☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 251 UNIVERSITY DR.
CITY-ST-ZIP CORAL GABLES, FL. 33134

TITLE
NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-00 305-443-1672

CR2E034 (9/99)