

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 04, 2001 8:00 am
Secretary of State

05-10-2001 90064 032 ***150.00

DOCUMENT # L81716

1. Entity Name

MAGIC TINTING WINDOW & CAR ALARM, INC.

Principal Place of Business

Mailing Address

C/O PEDRO DAVID VALDES
 2051 NW 27TH AVENUE
 MIAMI FL 33142

C/O PEDRO DAVID VALDES
 2051 NW 27TH AVENUE
 MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

2065/63 N.W 27 Ave
 Suite, Apt. #, etc.

P.O. Box 654953
 Suite, Apt. #, etc.

City & State
 MIA FL

City & State
 MIA FL 33265

4. FEI Number 65-0219852

Applied For
 Not Applicable

Zip Country
 33142 Dade

Zip Country
 33265 Dade

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

VALDES, PEDRO DAVID Lorena Y. Valdes
 2051 NW 27TH AVENUE
 MIAMI FL 33142

Name: Pedro D. Valdes Lorena Y. Valdes
 Street Address (P.O. Box Number is Not Acceptable)
 2065/63 N.W 27 Ave
 City: MIA FL Zip Code: 33142

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

Lorena Y. Valdes

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

(NOT Registered Agent signature required when reinstating)

4/30/01
 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	PD	<input checked="" type="checkbox"/> Delete
NAME	VALDES, PEDRO DAVID	
STREET ADDRESS	2051 NW 27TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	VALDES, PEDRO DAVID	
STREET ADDRESS	2051 NW 27TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
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	Pedro Valdes or Lorena Valdes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2065/63 N.W 27 Ave.	
STREET ADDRESS	MIA FL 33142	
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		
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:

Lorena Y. Valdes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01
 Date

(305) 634 6630
 Daytime Phone #

CR2E034 (10/00)