

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90108 012 ***150.00

DOCUMENT # L81716

1. Entity Name
MAGIC TINTING WINDOW & CAR ALARM, INC.

Principal Place of Business

**2065 - 63 NW 27TH AVE
 MIAMI FL 33142**

Mailing Address

**PO BOX 654953
 M
 MIAMI FL 33265**



2. Principal Place of Business

2065 N.W 27ave

3. Mailing Address

P.O. Box 654953

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI FL 33265

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

4. FEI Number **65-0219852**

Applied For

Not Applicable

Zip

Country

33142

Daade

Zip

Country

33265

Daade

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, LORENA Y

2065/63 NW 27TH AVENUE

MIAMI FL 33142

Name

Lorena Y Valdes

Street Address (P.O. Box Number is Not Acceptable)

3600 S.W 127ave.

MIAMI

FL

33175

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 **Pedro D Valdes**

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

(NOTE: Registered Agent signature required when reinstating)

1/29/02

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, 2002 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** ☐ Delete
 NAME **VALDES, PEDRO DAVID**
 STREET ADDRESS **2065/63 NW 27TH AVE**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE **Kica President** ☐ Change ☒ Addition
 NAME **Lorena Y Valdes**
 STREET ADDRESS **3600 S.W 127ave.**
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Pedro D Valdes**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 305 634 6630
 Date Daytime Phone #

CR2E034 (9/01)