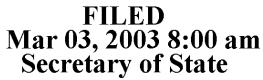
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #**



1. Entity Name DR. MAGIC, INC.						ALONE IN THE PARTY OF THE PARTY	03-03-2003 90866 027 ***150.00				
1500 S.E. 3RD COURT. #151 150			ailing Address 500 S.E. 3RD COURT. #151 EERFIELD BEACH FL 33441			-					
2. Principal	Place of Business	3. Ma	ailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_	•				
City & State		City	City & State			4. FEI Number 50.2717202 Applied For					
Zip Country		Zip Cou		Counti	·	39-27 17303		^	lot Applicable		
<u> </u>					, 		Certificate of Status Desired		\$8.75 Ad Fee Requir		
	6. Name and Address of Curr	ent Register	ed Agent		Name		Name and Address of New Reg	istered /	Agent		
HOROWITZ, MARK						errogani mela kulan dimenggi ya ulu					
	. 3RD COURT, #151		•		Street Address	(P.O. E	Box Number is Not Acceptable)				
DECAPIE	LD BEACH FL 33441										
					City			FL	Zip Cod		
SIGNATURE	e named entity submits this statemer tions of registered agent.  Signature, typed or printed name of registered ag				1 Office or registe			a. I am f	amiliar with,	and accept	
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Departmen	t of State					9. Election Campaign Financ Trust Fund Contribution.	cing		00 May Be d to Fees	
10.	OFFICERS AI	ND DIRECTO	<del></del>	11,		AD	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	HOROWITZ, MARK 5719 N W 79TH WAY PARKLAND FL		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 1-Zip				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOROWITZ, LOUISE 5719 N W 79 WAY PARKLAND FL		Delete	TITLE NAME STREET CITY-ST	ADDRESS - ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. नार	☐ Delete	TITLE NAME STREET	ADDRESS - ZIP	ڪ دسترڻ	Taglia of the second of the se		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ı		☐ Delete	TITLE NAME STREET A		•			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied w	All All 200	☐ Delete	NAME STREET A	ZIP				Change	Addition	

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 changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR