2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28671

1. Entity Name

MAJIC CHILDREN'S FUND, INC.

FILED

01 NOV 15 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
20450 NORTHWEST SECOND AVENUE MIAMI FL 33169 US	20450 NORTHWEST SECOND AVENUE MIAMI FL 33169 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0074970 ☐ Applied For ☐ Not Applic

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
GONZALEZ, ALINA 20450 NORTHWEST SECOND AVENUE MIAMI FL 33169	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

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLINS, DENNIS 11360 SHADY LANE PALNTATION FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add 100004732931--2 -12/19/01--01049--021 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SHAW, RICK 20450 NORTHWEST 2ND AVENUE MIAMI FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~SIDNEY, ROB~~ BOB HAMILTON 20450 NORTHWEST SECOND AVENUE MIAMI FL 33169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Add BOB HAMILTON 20450 NW 2nd AVE MIAMI FL 33169
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEFFIELD, LORRI 1010 NW 106TH AVE. PLANTATION FL 33322	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOE PIAZZA 20450 NW 2nd AVE MIAMI FL 33169 ☐ Change ☑ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, ALINA I. 2234 SW 132 CT. MIAMI FL 33175	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

12. 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 informatic 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 direct of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like empowered.

(30)