

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #N98000002675**

1. Entity Name

MAGIC CITY FOUNDATION, INC.**FILED**
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90095 029 ****70.00

LUU43324

Principal Place of Business

2650 Biscayne Blvd.
Miami, FL 33137

Mailing Address

2650 Biscayne Blvd.
Miami, FL 33137

2. Principal Place of Business

2650 Biscayne Blvd.

3. Mailing Address

2650 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FLCity & State
Miami, FL

4. FEI Number 65-0844468

Applied For

Not Applicable

Zip
33137Country
USAZip
33137Country
USA5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Neal L. Sandberg, Esq.
2650 Biscayne Blvd.
Miami, FL 33137

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Director
Tomas A. Mestre
14201 SW 248 Street
Redlands, FL 33032 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President, Director
Sergio Rouco
2660 SW 37 Ave., PH-5
Miami, FL 33311 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary, Director
Neal L. Sandberg
2650 Biscayne Blvd.
Miami, FL 33137 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Neal L. Sandberg, Secretary

3/22/2000

(305) 576-1300

CR2E037 (9/99)