

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90217 004 \*\*\*\*61.25

**DOCUMENT # N98000002675**

1. Entity Name

**MAGIC CITY FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**2650 BISCAYNE BLVD.  
 MIAMI FL 33137  
 US**

**2650 BISCAYNE BLVD.  
 MIAMI FL 33137  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0844468**

Applied For

Not Applicable

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

**SANDBERG, NEAL L ESQ  
 2650 BISCAYNE BLVD.  
 MIAMI FL 33137**

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**

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  Delete  
 NAME **PD MESTRE, TOMAS A**  
 STREET ADDRESS **14201 S.W. 248TH ST**  
 CITY-ST-ZIP **REDLANDS FL 33032**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD ROUCO, SERGIO**  
 STREET ADDRESS **2660 S.W. 37TH AVE, PENTHOUSE FIVE**  
 CITY-ST-ZIP **MIAMI FL 33311**

TITLE  Change  Addition  
 NAME **VPD Mr. Carlos DeLaOsa**  
 STREET ADDRESS **5001 SW 74 Court, Suite 202**  
 CITY-ST-ZIP **Miami, Florida 33155**

TITLE  Delete  
 NAME **SD SANDBERG, NEAL L**  
 STREET ADDRESS **2650 BISCAYNE BLVD.**  
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

**SIGNATURE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/24/01**  
 Date

**305-662-1927**  
 Daytime Phone #

003917

CR2E037 (10/00)