

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-19-2002 90033 025 ****61.25

DOCUMENT # N99000000490

1. Entity Name

FLORIDA MAGICIANS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% DR. MARK HOROWITZ
 5719 N.W. 79TH WAY
 PARKLAND FL 33067

% DR. MARK HOROWITZ
 5719 N.W. 79TH WAY
 PARKLAND FL 33067

963125



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

% Harold Greenbaum
 Suite, Apt. #, etc.

% Harold Greenbaum
 Suite, Apt. #, etc.

7760 NW 50 ST. #301

7760 NW 50th ST #301

City & State

City & State

Lauderhill, FL

Lauderhill FL

Zip

Country

Zip

Country

33351

USA

33351

USA

4. FEI Number

94-1687665

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

GREENBAUM, HAROLD
 7760 NW 50 STREET
 # 301
 LAUDERHILL, FL 33351

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 D
 STREET ADDRESS IBANEZ, MARIA
 CITY-ST-ZIP 10225 SW 37TH ST.
 MIAMI FL 33165

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS DEL VECULIE, RICHARD
 CITY-ST-ZIP 8961 SW 150TH
 MIAMI FL 33196

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GREENBAUM, HAROLD
 CITY-ST-ZIP 7760 NW 50 STREET
 LAUDERHILL FL 33351

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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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: *Harold Greenbaum* 4/25/02 954-749-1175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)