

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90121 025 ***158.75

DOCUMENT # P00000002130

1. Entity Name
RUST MAGIC #1 INC.



Principal Place of Business
**C/O BUDNER & ASSOCIATES. INC.
17682 SEALAKES DR
BOCA RATON FL 33498**

Mailing Address
**C/O BUDNER & ASSOCIATES. INC.
17682 SEALAKES DR
BOCA RATON FL 33498**



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 **65-0973248**

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

**BUDNER, MORDECAI
17682 SEALAKES DR
BOCA RATON FL 33498**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-21-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOUGANIM, ALBERT C/O 17682 SEALAKES DR BOCA RATON FL 33498	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-21-03 561-239-9493

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

90060475
P0000002130

RUST MAGIC #1, INC.

c/o BUDNER & ASSOCIATES INC.
17682 SEALKES DR.
BOCA RATON, FL 33498

PLEASE NOTE THE FOLLOWING:

**THE FEI NUMBER AS SHOWN ON OUR CERTIFICATE IS INCORRECT. IT SHOULD
READ AS FOLLOWS:**

#65-0973240

**PLEASE CREDIT THE ATTACHED CHECK OF \$158.75 TO THIS ACCOUNT, & SEND
US A CORRECTED CERTIFICATE AS SOON AS POSSIBLE.**

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME AT 561-239-9493.

THANK YOU

ALBERT BOUGANIM