

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90267 001 ***155.00
 04-17-2002 90267 002 *****8.75

DOCUMENT # P00000040950

1. Entity Name

MAGIC KIDS LEARNING CENTER, INC.

Principal Place of Business

Mailing Address

1486 W 84 ST
 HIALEAH FL 33014

1486 W 84 ST
 HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

1486 W 84 St
 Suite, Apt. #, etc.

1486 W 84 St
 Suite, Apt. #, etc.

City & State

City & State

Hialeah FL

Hialeah FL

Zip 33014 Country Dade

Zip 33014 Country Dade

4. FEI Number 65-1001582

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

ORTEGA, CARMEN
 7601 NW 168TH STREET
 MIAMI FL 33015

Name Carmen Ortega (same)
 Street Address (P.O. Box Number is Not Acceptable)
 7601 NW 168 St
 City Hialeah FL Zip Code 33014

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEGA, CARMEN 7601 NW 168TH STREET MIAMI FL 33015	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/02 (305) 362-6718

CR2E034 (9/01)