

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047475

1. Entity Name
MAGIC HEALTH CORP.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90046 027 ***158.75

Principal Place of Business
**1800 S.W. 27TH AVE., SUITE 400
MIAMI FL 33145**

Mailing Address
**1800 S.W. 27TH AVE., SUITE 400
MIAMI FL 33145**

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

65-1007136

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

**ZULUAGA, FERNANDO
1800 S.W. 27TH AVE., SUITE 400
MIAMI FL 33145**

Name **CARMEN MALOUF**

Street Address (P.O. Box Number is Not Acceptable)

635 JEFFERSON AV. #1

City **MIAMI BEACH**

FL

Zip Code **33139**

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, 2001 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
**PSTD
ZULUAGA, FERNANDO
1800 S.W. 27TH AVE., SUITE 400
MIAMI FL 33145** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
CARMEN MALOUF
1890 SW 27 AVE
MIAMI FL 33145** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)