## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE REQUIRED

SIGNATURE:

## FILED Mar 17, 2003 8:00 am Secretary of State

02-07-2003 90078 006 \*\*\*150.00

CARHON HALDUF

03/10

Daytime Phone #

DOCUMENT # P0000047475  1. Entity Name MAGIC HEALTH CORP.						02-07-20	103 900/8	006 ***	*150.00
	ce of Business TH AVE SUITE 300 145	1800	ng Address S.W. 27TH AVE., SI I FL 33145	JITE 300			12 <b>43</b> 011 <b>43</b> 011 8401	i ( <b>180</b> ); <b>1</b> 40))	<b>(1776) (</b> ())) <b>(56</b> 0)
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State			& State		4.	FEI Number 65-1007136	•		oplied For lot Applicable
Zip	Country	Zip	,	Country	5.	Certificate of Status Desired		8.75 Ad se Require	ditional
<u>, , , , , , , , , , , , , , , , , , , </u>	6. Name and Address	of Current Registers	d Agent		7.	Name and Address of New R	egistered Ag	ent	
<i>(</i>		• • •		Name	- (				-
MALOUF, 1800 S.W.	Carmen . 27th Ave., Suite 300		\$	Street Add	ress (P.O. E	Box Number is Not Acceptable	)	_	
MIAMI FL	33145		;	<u> </u>					
1-14				City			FL	Zip Cod	le
Aftei	ILE NOW!!! FEE IS \$1. May 1, 2003 Fee will be c Payable to Florida Depa	\$550.00				Election Campaign Fine Trust Fund Contribution		Added	May Be
TITLE	PSTD	JERS AND DIRECTO		11,	AD	DITIONS/CHANGES TO OFFI			
NAME	MALOUF, CARMEN 1800 S.W. 27TH AVE., S MIAMI FL 33145	SUITE 300	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				] Change	☐ Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS				Change	Addition
CITY-ST-ZIP	5.1			CITY-ST-ZIP					
TITLE			☐ Delete	TITLE NAME				] Change	Addition
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IAME STREET ADDRESS STY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP		÷			
TLE AME			☐ Delete	TITLE NAME				Change	☐ Addition
TREET ADORESS ITY-ST-ZIP				-STREET ADDRESS CITY-ST-ZIP				٠	-
of the corp	ertify that the information sup on this report or supplementa oration or the receiver or true or on an attachment with an a	stee empowered to e	secute this report a	the exemption stated in y signature shall have to s required by Chapter	Section 1 he same le 607 .Florid	19.07(3)(i), Florida Statutes. I fi ggal effect as if made under oat a Statutes; and that my name e	irther certify this that I am a ppears in Blo	hat the int n officer o ick 10 or i	formation or director Block 11 if