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FILED
May 23, 2001 8:00 am
Secretary of State

04-27-2001 90245 009 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067483

1. Entity Name

MAGIK·OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
2431 BAHAMA DRIVE MIRAMAR FL 33023	2431 BAHAMA DRIVE MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3848 N. University Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise, Fl	City & State:
Zip: 33351 / Country:	Zip: / Country:

4. FEI Number: 65-1032460 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTONE, RICHARD
2400 WEST CYPRESS CREEK ROAD
SUITE 100
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

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 Ethel Cerullo no change 1/11/01

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

TITLE	D	☐ Delete
NAME	CERULLO, ETHEL	
STREET ADDRESS	3848 NORTH UNIVERSITY DRIVE	
CITY-ST-ZIP	SUNRISE FL 33151	
TITLE	D	☑ Delete
NAME	SMITH, EILEEN	
STREET ADDRESS	3848 NORTH UNIVERSITY DRIVE	
CITY-ST-ZIP	SUNRISE FL 33151	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/00)

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: Ethel Cerullo 1/11/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #