

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90243 019 ***150.00

DOCUMENT # P01000018735

1. Entity Name

MAGIC LAND, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11629 DARLINGTON DR

Suite, Apt. #, etc.

3. Mailing Address

11629 DARLINGTON DR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32837

Country

Zip

32837

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

VALENCIA, JORGE H

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

11629 DARLINGTON DR

City

ORLANDO

FL

Zip Code

32837

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

JORGE H VALENCIA

4/24/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
PSD	VALENCIA, JORGE H	11629 DARLINGTON DR	ORLANDO, FL 32837
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

JORGE H VALENCIA

4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #