

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2002 90149 038 \*\*\*150.00

**DOCUMENT # P01000024644**

1. Entity Name  
**THE MAGIC LAMP PRODUCTION, INC.**

Principal Place of Business  
**3811 SW 160TH AVE. APT. 208**  
**MIRAMAR FL 33027**

Mailing Address  
**3811 SW 160TH AVE. APT. 208**  
**MIRAMAR FL 33027**



2. Principal Place of Business

**3811 SW 160 Av**

3. Mailing Address

**P.O. Box 820835**

Suite, Apt. #, etc.

**208**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Miramar, Fl.**

City & State

**Pembroke Pines, Fl.**

4. FEI Number

**65-1084605**

Applied For

Not Applicable

Zip

Country

**33027**

**USA.**

Zip

Country

**33082-0835**

**USA.**

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PTD**  
**PARDO, JOSE E** ☐ Delete  
**17918 SOUTHWEST 36TH STREET**  
**MIRAMAR FL 33029**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVD**  
**QUINTERO, MARIA E** ☐ Delete  
**17918 SOUTHWEST 36TH STREET**  
**MIRAMAR FL 33029**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PARDO, JOSE EDUARDO PTD** ☒ Change ☐ Addition  
**3811 SW 160 Av # 208**  
**Miramar, Fl. 33027**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVD** ☒ Change ☐ Addition  
**PARDO, MARIA EUGENIA**  
**3811 SW 160 Av # 208 Miramar, Fl. 33027**

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

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

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

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, with all other like empowered.

SIGNATURE: **8**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/02**

Date

**(954) 4410488**

Daytime Phone #

CR2E034 (9/01)