

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT -7 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000048940

1. Entity Name

MELROSE MAGIC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1390 N. HUNTERSTON RD.

Suite, Apt. #, etc.

3. Mailing Address

C/O ROSALIE EDSON

Suite, Apt. #, etc.

244 FAIRVIEW AVE.

DO NOT WRITE IN THIS SPACE

City & State

CRYSTAL RIVER, FL

City & State

ENGLEWOOD CLIFFS, NJ

4. FEI Number

22-3817686

Applied For

Not Applicable

Zip

Country

34429

Zip

Country

07632-2018

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

UNITED CORPORATE SERVICES, INC.

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

9200 S. DADELAND BLVD. STE. 508

City

MIAMI

FL

Zip Code

33156

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) ☒

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
PRESIDENT
ROSALIE STACKMAN EDSON
244 FAIRVIEW AVE.
ENGLEWOOD CLIFFS, NJ 07632-2018

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

500008302115--9
-10/10/02--01027--002
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP & SECRETARY
MELANIE HODGENS
1390 N. HUNTERSTON RD.
CRYSTAL RIVER, FL 34429-5787

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Rosalie Edson VP President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/02
Date

212-741-0333
Daytime Phone #

**MELROSE MAGIC, INC.
244 FAIRVIEW AVENUE
ENGLEWOOD CLIFFS, N.J. 07632-2018**

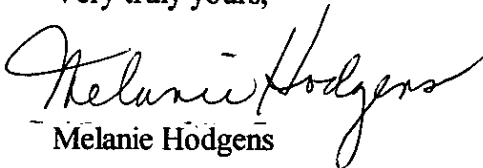
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen:

Enclosed is our annual Uniform Business Report for 2001 along with our check for \$150. We request that the penalty of \$400 be waived as this is our first year in business and forms were not forwarded to us on a timely basis and we were not aware of the requirements.

We thank you in advance for your consideration of this matter.

Very truly yours,


Melanie Hodgins