

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90094 004 ***158.75

DOCUMENT # P01000075445

1. Entity Name

A.H. MAGIC STONE & CARPET, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6693 COLLINS AVENUE

3. Mailing Address

6693 COLLINS AVENUE

Suite, Apt. #, etc.
#209

Suite, Apt. #, etc.
#209

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

01-0648251

Applied For

Not Applicable

Zip

33141

Country

MIAMI-DADE

Zip

33141

Country

MIAMI-DADE

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

SALAZAR, OSCAR ADOLFO

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

6693 COLLINS AVENUE#209

City

MIAMI BEACH

FL

Zip Code
33141

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 Oscar Adolfo Salazar 04/25/2002

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 | P SALAZAR, OSCAR ADOLFO 6693 COLLINS AVENUE #209 MIAMI BEACH, FL 33141 | 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: Oscar Adolfo Salazar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2002 (305) 986-4196

Date

Daytime Phone #

CR2E034B (12/01)