

FOR PROFIT CORPORATION
2002/ UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90466 022 ***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

Suite, Apt. #, etc.
#209

3. Mailing Address

6693 COLLINS AVENUE

Suite, Apt. #, etc.
#209

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

01-0648251

Accreditation

Not Applicable

Zip

33141

Country

MIAMI-DADE

Zip

33141

Country

MIAMI-DADE

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

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

DO NOT WRITE IN THIS SPACE

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

04/23/2004

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	P	TITLE	
NAME	SALAZAR, OSCAR ADOLFO	NAME	
STREET ADDRESS	6693 COLLINS AVENUE #209	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/2004 (305) 986-4196

Date

Daytime Phone #