

FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90135 047 ***158.75

DOCUMENT # P01000075445

1. Entity Name

A.H. MAGIC STONE & CARPET, INC



DO NOT WRITE IN THIS SPACE

11029704

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, FLORIDA

City & State

MIAMI BEACH, FLORIDA

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Oscar Adolfo Salazar

04/25/2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Oscar Adolfo Salazar

04/25/2003 (305) 986-4196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)