

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000080509

1. Entity Name  
MAGIC CITY REALTY, INC.

**FILED**  
Aug 11, 2002 8:00 am  
Secretary of State

04-03-2002 90183 016 \*\*\*150.00

Principal Place of Business  
251 UNIVERSITY DRIVE  
CORAL GABLES FL 33134

Mailing Address  
251 UNIVERSITY DRIVE  
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
770 Ponce De Leon BLVD.  
Suite/Apt. #, etc. 222

3. Mailing Address  
770 Ponce De Leon BLVD.  
Suite/Apt. #, etc. 222

City & State  
CORAL GABLES, FL.  
Zip 33134 Country U.S.A.

City & State  
CORAL GABLES, FL  
Zip 33134 Country U.S.A.

4. FEI Number  
22-3861722

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HERNANDEZ, MIGUEL A  
251 UNIVERSITY DRIVE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
770 Ponce De Leon BLVD. Ste. 222  
City CORAL GABLES FL Zip Code 33134

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PST	<input checked="" type="checkbox"/> Delete		TITLE	Miguel A. Hernandez	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNANDEZ, MIGUEL A			NAME	770 Ponce De Leon BLVD. Ste. 222		
STREET ADDRESS	251 UNIVERSITY DRIVE			STREET ADDRESS	CORAL GABLES, FL. 33134		
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERNANDEZ, MIGUEL A			NAME	CAROLINA POEYO		
STREET ADDRESS	251 UNIVERSITY DRIVE			STREET ADDRESS	770 Ponce De Leon BLVD. Ste. 222		
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP	CORAL GABLES, FL. 33134		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: \_\_\_\_\_ 8-7-02 305-443-1672

0039452 AV

CR2034 (4/02)

08/06/02 TUE 08:46 FAX 518 447 4991

IRS

001

Attachment

41229

#P01000080509



Internal  
Revenue  
Service

# Employer Identification Number (EIN) Cover Sheet

Date	August 5, 2002
No. of pages (including this one)	1

Brookhaven IRS Campus - EIN Department

FAX: 1-631-447-8960

Phone: 1-866-816-2065

To MIGUEL HERNANDEZ	19-03493	112
FAX 305-441-1065	Phone 305-443-1672	

## ATTENTION

Name of Entity

MAGIC CITY REALT INC

EIN

22-3861722

Name of Entity

EIN

Name of Entity

EIN



Please see the following letter regarding missing or incorrect information on your Form SS-4, Application for a Federal Employer Identification Number (EIN).

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under the applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone, and return the communication via fax at the number given. Thank you.

41224

Attachment

41229

#P01000080509

8-7-02

To whom it may concern:

Please be advised, that I did not receive the requested report. Due to the fact that I have more offices. I am enclosing the report with my new address and also request that you waive any additional fees.

Thanking you in advance.

Very truly yours

W. J. E. Herand