

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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90196 021 \*\*\*150.00

DOCUMENT # P02000027571

1. Entity Name

MAGICAL AUTO SALES, INC.

**DO NOT WRITE IN THIS SPACE**

10062780

2. Principal Place of Business  
4115 NW 132 STREET BG

Suite, Apt. #, etc.

3. Mailing Address  
4115 NW 132 STREET BG

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
OPA-LOCKA FL

City & State  
OPA-LOCKA FL

4. FEI Number  
74-8032465

Applied For  
Not Applicable

Zip  
33054

Country  
USA

Zip  
33054

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**7. Name and Address of Registered Agent**

Name  
A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City  
MIAMI

FL

Zip Code  
33131

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

*Paul Smith*  
PAUL SMITH, VICE-PRESIDENT

04-02-03

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  
PD  
FERNANDEZ, VIOLETA  
2626 WEST 69TH TERRACE  
HIALEAH FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
FERNANDEZ, OSMANY  
2626 WEST 69TH TERRACE  
HIALEAH FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
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STREET ADDRESS  
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

VIOLETA FERNANDEZ, PD

Date

Daytime Phone #

CR2E034B (12/01)