

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

DOCUMENT # **P02000033369**  
 1. Entity Name  
**MAGIC REAL ESTATE, INCORPORATED**

FILED  
 03 JUL 16 AM 11:39

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**700C SOUTH FEDERAL HWY**  
 Suite, Apt. #, etc.

3. Mailing Address  
**700C SOUTH FEDERAL HWY**  
 Suite, Apt. #, etc.

**200021629882**  
 07/17/03--01069--019 \*\*\$1.25  
 DO NOT WRITE IN THIS SPACE

City & State  
**DEERFIELD BEACH, FL**  
 Zip  
**33441**  
 Country  
**USA**

City & State  
**DEERFIELD BEACH FL**  
 Zip  
**33441**  
 Country  
**U.S.A.**

4. FEI Number  
**42-1533785**  
 Applied For  
☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name  
**STANLEY FAY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8533 N.W. 9TH PLACE**  
 City  
**PLANTATION** FL Zip Code  
**33320**

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 \_\_\_\_\_  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.) 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. **TREASURER** OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CAROL KING</b> <b>700C S. FEDERAL HWY</b> <b>DEERFIELD BEACH, FL 33441</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>STANLEY FAY</b> <b>8533 N.W. 9TH PLACE</b> <b>PLANTATION, FL 33320</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: **Carol King** **CAROL KING** **7/10/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)