

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90166 030 \*\*\*150.00

**DOCUMENT # P02000069694**

1. Entity Name  
**O'MAGIC, INC.**



Principal Place of Business  
**2720 N PINE RIDGE CR  
KISSIMMEE FL 34746**

Mailing Address  
**2720 N PINE RIDGE CR  
KISSIMMEE FL 34746**

2. Principal Place of Business  
**1970 E. OSCEOLA PKWY**

3. Mailing Address  
**1970 E. OSCEOLA PKWY**

Suite, Apt. #, etc.  
**326**

Suite, Apt. #, etc.  
**326**

City & State  
**KISSIMMEE, FL**

City & State  
**KISSIMMEE, FL**

4. FEI Number **33-1010682**

Applied For  
Not Applicable

Zip  
**34743**

Country  
**USA**

Zip  
**34743**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**MANZI, MARIA E  
2720 N PINE RIDGE CR  
KISSIMMEE FL 34746**

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

Name  
**PESTANA, JANETTE**  
Street Address (P.O. Box Number is Not Acceptable)  
**1970 E. OSCEOLA PKWY # 326**  
City  
**KISSIMMEE FL 34743**

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

01/23/2003  
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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 **PD** ☒ Delete  
NAME **MANZI, MARIA E**  
STREET ADDRESS **2720 N PINE RIDGE CR**  
CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **VD** ☐ Delete  
NAME **LONGAGNANI, MARIO V**  
STREET ADDRESS **5101 NW 114 CT**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☐ Change ☒ Addition  
NAME **PESTANA, JANETTE**  
STREET ADDRESS **1970 E. OSCEOLA PKWY # 326**  
CITY-ST-ZIP **KISSIMMEE, FL 34743**

TITLE **VD** ☒ Change ☐ Addition  
NAME **LONGAGNANI, MARIO V**  
STREET ADDRESS **1970 E. OSCEOLA PKWY # 326**  
CITY-ST-ZIP **KISSIMMEE, FL 34743**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janette Pestana* **President 01-2303**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NR00002 AV

CR2E034 (10/02)