FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90029 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000082709

1. Entity Name
MAGIC SCRUBS CORP.

90130499

Principal Place of Business	Mailing Address
19464 NE 26 AVE. N. MIAMI BEACH, FL 33180	19464 NE 26 AVE. N. MIAMI BEACH, FL 33180

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
115 SE 1ST. AVE		115 SE 1ST AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HALLANDALE, FL		City & State: HALLANDALE, FL	
Zip: 33009	Country: USA	Zip: 33009	Country: USA

4. FEI Number 020636242 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CYGEL, ARIEL D
19464 NE 26 AVE.
N. MIAMI BEACH, FL 33180

115 SE 1ST. AVE
HALLANDALE, FL 33009
USA

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 [signature] MAY 1st 2003
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 late fee will be $400.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CYGEL, ARIEL D 19464 NE 26 AVE. N. MIAMI, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CYGIEL ARIEL D. 115 SE 1ST. AVE HALLANDALE, FL 33009	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] MAY 1st 03 (954)457-8652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #