

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90167 043 ***158.75

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1. Entity Name

MAGIC WORLD FRUTERY INC. USA



Principal Place of Business

**916 LAKE DESTINY RD., #70-E, SUITE 1
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**P. O. BOX 160128
ALTAMONTE SPRINGS FL 32716-0128**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4211868

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SUAREZ, PEDRO J

**916 LAKE DESTINY RD., #70-E, SUITE 1
ALTAMONTE SPRINGS FL 32714**

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 typed or printed name of registered agent and title if applicable.

Pedro J SUAREZ

(NOTE: Registered Agent signature required when reinstating)

01/10/03

DATE

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 NAME	PD SUAREZ, PEDRO J	<input type="checkbox"/> Delete
STREET ADDRESS	916 LAKE DESTINY RD., #70-E, SUITE 1	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE NAME	VD SUAREZ, YEISON F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	916 LAKE DESTINY RD., #70-E, SUITE 1	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	MAIN MANAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	SUAREZ Pedro J.	
CITY-ST-ZIP	916 Lake destiny Rd #70 E 51 ALTAMONTE SPRING FL 32714	
TITLE NAME	FULIDO Mercedes	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	vice president production	
CITY-ST-ZIP	916 Lake destiny Rd Apt 70 5.1 ALTAMONTE SPRING FL 32714	
TITLE NAME	KNOTT, BERTA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	vice president Administration	
CITY-ST-ZIP	916 Lake destiny Rd #70-E 51 ALTAMONTE SPRING, FL 32714	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an other line empowered.

SIGNATURE:

SIGNATURE REQUIRED PEDRO J SUAREZ

01/10/03

407-625-7952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)