

2010 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PO5000136571**

1. Entity Name

MAGIC AIR CONDITIONING CORP.

Principal Place of Business

Mailing Address

**6281 SW 26 STREET
MIAMI FL 33155 US**

2. Principal Place of Business

6281 SW 26 ST.

3. Mailing Address

Suite, Apt. #, etc.

MIAMI FL.

City & State

Zip **33155**

Country

DADE

Zip

Country

4. FEI Number

20-3598500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PABLO SIERRA - PRESIDENT
6281 SW 26 ST
MIAMI FL 33155**

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.

SIGNATURE **PABLO SIERRA - PRESIDENT**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/2010

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 15, 2001 Fee will be \$350.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pablo Sierra (President)** ☐ Delete
NAME
STREET ADDRESS **6281 SW 26 ST**
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **SECRETARY** ☐ Delete
NAME **Alberto Rodriguez**
STREET ADDRESS **2940 SW 102 Ave**
CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PABLO SIERRA - PRESIDENT

4/20/2010 (30) 8986044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
10 JUN -2 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**900178917239
04/29/10--01033--004 **150.00**