

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000000575

1. Entity Name

MAGIC INTERNATIONAL TOURS, INC.

FILED

Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90034 036 ***150.00

Principal Place of Business

Mailing Address

1420 W WATERS AVE
SUITE 105
TAMPA FL 33604

1420 W WATERS AVE
SUITE 105
TAMPA FL 33604-2830

2. Principal Place of Business

8412 N. HABANA AVE

3. Mailing Address

8412 N. HABANA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

SUITE B

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33614

US

33614

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3213540

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOLOGNA, CATANA
1420 W WATERS AVE
SUITE 105
TAMPA FL 33604

Name

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

8412 N HABANA AVE

SUITE B

City

TAMPA

FL

Zip Code

33614

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

Catana Bologna

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

(NOTE: Registered Agent signature required when reinstating)

3/14/00

DATE

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 1, 2000 Fee will be \$550.00

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 P
NAME FLASHER, PAUL
STREET ADDRESS 1420 W WATERS AVE SUITE 105
CITY-ST-ZIP TAMPA FL 33604

☐ Delete

TITLE V
NAME BOLOGNA, CATANA
STREET ADDRESS 1420 W WATERS AVE SUITE 105
CITY-ST-ZIP TAMPA FL 33604

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE P
NAME FLASHER, PAUL
STREET ADDRESS 8412 N. HABANA AVE SUITE B
CITY-ST-ZIP TAMPA, FL. 33614

☒ Change ☐ Addition

TITLE V
NAME BOLOGNA, CATANA
STREET ADDRESS 8412 N. HABANA AVE SUITE B
CITY-ST-ZIP TAMPA, FL. 33614

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Catana Bologna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/00

Daytime Phone #

CR2E034 (9/99)