

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053018

1. Entity Name

MAGIC TOURS AND TRANSPORTATION, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90126 036 ***158.75

Principal Place of Business

4630 S. KIRKMAN RD., #312
ORLANDO FL 32811-2802

Mailing Address

4630 S. KIRKMAN RD., #312
ORLANDO FL 32819-7548

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

59-3324198

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

ENGLEHARDT, JOHN C
1524 E. LIVINGSTON ST.
ORLANDO FL 32803

Name

Jose L. Ramos

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

5381 HOFFNER AVE

SUITE B

City

ORLANDO

FL

Zip Code

32812

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

[Signature]

Jose L. Ramos

1/18/2000

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **P** ☐ Delete
NAME **MADIERA, THOMASO**
STREET ADDRESS **5213 PATRICIA DRIVE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **S** ☐ Delete
NAME **MADIERA, JAQUELINE**
STREET ADDRESS **12302 BOHANNON BLVD.**
CITY-ST-ZIP **ORLANDO FL 32824**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Add
NAME **MADIERA, THOMASO**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Add
NAME **MADIERA, JAQUELINE**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Add
NAME
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)(l), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THOMASO MADIERA
PRESIDENT

Date

1-21-2000

Daytime Phone #

407-248000