

02-04-2004 90041 049 ***300.00
P96000044252

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

04 FEB 10 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000044252

1. Entity Name

Magic Fashions, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1745 Oak Pond Court

3. Mailing Address
1745 Oak Pond Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Oldsmar, FL

City & State
Oldsmar, FL

54003252
REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0670356

Applied For
☐ Not Applicable

Zip
34677

Country
US

Zip
34677

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Itzhak Ben Simon

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

1745 Oak Pond Court

City Oldsmar

FL

Zip Code
34677

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

Itzhak Ben Simon

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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
STREET ADDRESS Itzhak Ben Simon
CITY-ST-ZIP 1745 Oak Pond Court
Oldsmar, FL 34677

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME VPD
STREET ADDRESS Abraham Ben Simon
CITY-ST-ZIP 1813 Grey Bark Drive
Oldsmar FL 34677

TITLE
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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Itzhak Ben Simon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

54003252

Magic Fashions Inc.
1745 Oak Pond Court
Oldsmar, FL 34677

1/27/2004

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: P96000044252

To Whom It May Concern:


It has just come to my attention that my corporation has been dissolved for not filing its 2003 Uniform Business Report.

My mailing address has changed, and I never received my renewal documents.

Enclosed is a report that I have filled out, along with a check for \$300.00 in order to cover the cost of filing for 2003 and 2004 filing fees.

Please accept this in full satisfaction of my filing requirements and abate any penalty that I may have been assessed.

Thank you,


Itzhak Ben Simon
President
