

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048158

1. Entity Name

FLORIDA'S MAGIC SUN, INC.

Principal Place of Business

Mailing Address

7061 GRAND NATIONAL DR  
SUITE 105F  
ORLANDO FL 32819  
US

7061 GRAND NATIONAL DR  
SUITE 105-F  
ORLANDO FL 32819-8398  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

13482 FALCON POINTE DR

13482 FALCON POINTE DR

City & State

City & State

ORLANDO, FLORIDA

ORLANDO, FLORIDA

Zip

Country

Zip

Country

32837

USA

32837

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA CORPORATE SUPPORT INC  
200 E ROBINSON ST SUITE 500  
ORLANDO FL 32801

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HUMPIERRES, MIGUEL E  
7061 GRAND NATIONAL DR, SUITE 105F  
ORLANDO FL 32819

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTS  
HUMPIERRES, ELISABETH  
7061 GRAND NATIONAL DR, SUITE 105F  
ORLANDO FL 32819

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Delete  
V/T/S  
HUMPIERRES, MIGUEL E.  
13482 FALCON POINTE DR.  
ORLANDO, FLORIDA 32837

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change  
Delete

13. 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/00 (407) 826-464

FILED  
Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90110 040 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3381696 Applied For  
Not Applied For

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