## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am 8 Secretary of State P97000004244 DOCUMENT # 1. Entity Name COQUI MAGIC TOURS, INC. 05-28-2002 91617 037 \*\*\*150.00 Principal Place of Business Mailing Address 830 NW 210 ST. 830 NW 210 ST. SUITE 202 SUITE 202 **MIAMI FL 33169 MIAMI FL 33169** 2. Principal Place of Business 3600 South State 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0730256 iramar Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MERCADO, MILAGROS Street Address (P.O. Box Number is Not Acceptable) 830 NW 210 ST. SUITE 202 **MIAMI FL 33169** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition MERCADO, MILAGROS NAME NAME 830 NW 210 ST., #202 STREET ADDRESS STREET ADDRESS **MIAMI FL 33169** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MERCADO, MANUEL NAME STREET ADDRESS 830 NW-210 ST.7 #202 -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33169** ☐ Delete TITLE TITLE ☐ Change MERCADO. NAME NAME VERONICA STREET ADDRESS STREET ADDRESS 830 NW 210 ST #202 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

**FILED** 

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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.

attachment 435614 pg7000004244

## COQUI MAGIC TOURS. INC

Wholesale & Tour Operator

3600 S. State Road 7 Ste 258 Miramar Florida 33023 Tel (954) 963-9007 Fax (954) 963-0633

Desk of: Millie (CUTY) Mercado E-mail coquimti@bellsouth net

May 10 02

To:

**Division of Corporations** 

Fr:

Milagors Mercado

Coqui Magic Tours, Inc

To whom it may concern

To apologized because I couldn't send the \$ 150.00 before May 1 2002. We are about to close because Business doing bad. The economy this year until today is worse. If you check my record this is the first time that this happen to me.

Right now I send you the \$ 150.00, hope we can waive me the rest of the money, to be honest with you I can afford it.

Thanks for your help

Milagros/Mercado

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