

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014478

1. Entity Name

Magic 7, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3421 N. Lakeview Dr.

3. Mailing Address

3421 N. Lakeview Drive

Suite, Apt. #, etc.

Suite 168

City & State

Tampa, FL

Zip 33618

Country US

Suite, Apt. #, etc.

Suite 168

City & State

Tampa, FL

Zip 33618

Country US

4. FEI Number

59-3430894

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

Wu, Tong H

Name

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

3421 N. Lakeview Dr.

Suite 168

City Tampa

FL

Zip Code 33618

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, 2001 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 Director
NAME Huang, Panny
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3421 N. Lakeview Dr. Suite 168
CITY-ST-ZIP Tampa, FL 33618

TITLE Director
NAME Chisato Igane
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3421 N. Lakeview Dr. Suite 168
CITY-ST-ZIP Tampa, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chisato Igane

Date

4/19/01

Daytime Phone #

813-265-3955

C0058412

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)