

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000038721**

1. Entity Name

RUST MAGIC, INC.**FILED**
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90283 050 ***150.00

0492552

Principal Place of Business

**4028 DEL RIO WAY
FORT LAUDERDALE FL 33351**

Mailing Address

**4028 DEL RIO WAY
FORT LAUDERDALE FL 33351**

2. Principal Place of Business

1343 W. RIVER DRIVE

Suite, Apt. #, etc.

3. Mailing Address

1343 W. RIVER DRIVE

Suite, Apt. #, etc.

City & State

MARGATE, FL.

City & State

MARGATE, FL.Zip
33063Country
USAZip
33063Country
USA4. FEI Number **65-0749807**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CASPER, MICHAEL
4028 DEL RIO WAY
FORT LAUDERDALE FL 33351**

7. Name and Address of New Registered Agent

Name

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

1343 W. RIVER DRIVE

City

MARGATE**FL**

Zip Code

33063

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BOUGANIM, ALBERT**
STREET ADDRESS **10188 182ND LN S**
CITY-ST-ZIP **BOCA RATON FL 33498**TITLE **VTC** ☐ Delete
NAME **CASPER, MICHAEL**
STREET ADDRESS **4028 DEL RIO WAY**
CITY-ST-ZIP **FORT LAUDERDALE FL 33351**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1343 W. RIVER DRIVE**
CITY-ST-ZIP **MARGATE, FL 33063**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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)(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:

Michael Casper **MICHAEL CASPER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2001
Date**(954) 485-3720**
Daytime Phone #

CR2E034 (10/00)