

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093133

1. Entity Name
MAGIC WALLET CORPORATION

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90335 035 ***150.00

Principal Place of Business
521 SE 18 AVE
POMPANO BCH FL 33060

Mailing Address
521 SE 18 AVE
POMPANO BCH FL 33060

630410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2505 Bay Drive
Suite, Apt. #, etc.
Apt 2

3. Mailing Address
2505 Bay Drive
Suite, Apt. #, etc.
Apt #2

City & State
Pompano Beach FL
Zip
33062
Country
USA

City & State
Pompano Beach FL
Zip
33062
Country
USA

4. FEI Number 65-0796074
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

ROCHMAN, MARC
CARO USA
2101 E. HALLANDALE BEACH BLVD., STE. 300
HALLANDALE FL 33009

Name - MARC Rochman
S Card USA Inc.
2101 Hallandale Beach Blvd.
Suite 300
Hallandale, FL 33009
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered o

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD LAVIGNE, ARLETTE	521 SE 18 AVE 2505 Bay Drive Apt 2	POMPANO BCH FL 33060 33062	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 files empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

954 570-5730

CR2E034 (10/00)