

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-06-2001 90335 035 ***150.00

DOCUMENT # P97000093133

1. Entity Name
MAGIC WALLET CORPORATION

Principal Place of Business 521 SE 18 AVE POMPANO BCH FL 33060	Mailing Address 521 SE 18 AVE POMPANO BCH FL 33060
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630410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2505 Bay Drive	3. Mailing Address 2505 Bay Drive
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Suite, Apt. #, etc. Apt 2	Suite, Apt. #, etc. Apt #2
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City & State Pompano Beach FL	City & State Pompano Beach FL
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4. FEI Number 65-0796074	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33062	Country USA	Zip 33062	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ROCHMAN, MARC
CARO USA
2101 E. HALLANDALE BEACH BLVD., STE. 300
HALLANDALE FL 33009

7. Name and Address of New Registered Agent
 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 *MARC ROCHMAN* DATE **2-24-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 files empowered.

SIGNATURE: *Arlette Lavigne* DATE **2/28/01** DAYTIME PHONE # **954 570-5730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)