

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008318

1. Entity Name  
THE MAGIC CHANGE CORP.

Principal Place of Business  
3101 NW 27 AVE  
MIAMI FL 33142  
US

Mailing Address  
3101 NW 27 AVE  
MIAMI FL 33142  
US

2. Principal Place of Business  
3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

FILED  
May 14, 2002 8:00 am  
Secretary of State

05-14-2002 90008 037 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Zip Country

Zip Country

4. FEI Number  
**59-3497421**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**NERY G. WINTER, P.A.**  
900 FOX VALLEY DRIVE, SUITE 202  
LONGWOOD FL 32779

Name

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

City

**FL** Zip Code

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, 2002 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	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D CHANEZ, JUAN</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	491 WEDDON COURT		
STREET ADDRESS	LAKE MARY FL		
CITY-ST-ZIP			
TITLE	<b>M CHANEZ, MIREILLE</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	491 WEDDON COURT		
STREET ADDRESS	LAKE MARY FL		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			
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TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Nery G. Winter, P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/14/02 (305) 634-3222*

Date

Daytime Phone #

CR2E034 (9/01)

5265220  
AV