2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State
07-30-2002 90377 039 ***150.00

DOCUMENT # P98000047418

1. Entity Name
MAGIC PROFESSIONAL TILE, INC.

Principal Place of Business	Mailing Address
3300 N.W. 100TH STREET MIAMI FL 33127	3300 N.W. 100TH STREET MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0838681 — ☐ Applied For ☐ ~~Not Applicable~~

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

6. Name and Address of Current Registered Agent

AROCHA, RAMON
3300 N.W. 100TH STREET
MIAMI FL 33127

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 $550.00
After September 13, 2002 Fee will be $750.00
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	PD AROCHA, RAMON 3300 N.W. 100TH STREET MIAMI FL 33127	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/02)

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: Ramon Arocha 07/24/2002 305-693-1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

P98000047418
07/24/2002

TO WHOM IT MAY CONCERN:

ENCLOSED FIND A CHECK FOR $150.00 FOR MY FILING FEE.I CALLED YOUR OFFICE BECAUSE I NEVER RECEIVED THE ORIGINAL PAPERS STATING THAT MY FEE WAS DUE AND THEY TOLD ME TO WRITE YOU AND LET YOU KNOW ABOUT THIS MATTER TO SEE IF YOU COULD PLEASE WAIVE THIS AND ACCEPT MY ORIGINAL FEE.

THANK YOU

Ramón Quelal

Attachment

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