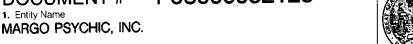
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P98000052125 **DOCUMENT #**





FILED Feb 13, 2003 8:00 am Secretary of State



MARGO PSYCHIC, INC.												
Principal Place 2618 N. OCEAN HOLLYWOOD F	I DR.	,	Mailing Address 2618 N. OCEAN DR. HOLLYWOOD FL 33019									
2. Principal Pla	ace of Busin	ess	3. Mailing Address				- ·		FO RIC BOIN C BIRI	# ###	10; 0(;) (DS)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1	. CHECK HERE IF	MAKING C	HANGES		
City & State			City & State				4. F	4. FEI Number 65-1017442 Applied For				
				Zip Country -			-	\$8.75 Additional				
Zip	Zip Country				Coun	5. (Certificate of Status Desired Fee Required				
	6. Name	and Address of Current	Registere	d Agent	7. Name and Address of New Registered Agent Name							
BESKIN, J						Street Address (P.O. Box Number is Not Acceptable)						
2411 HOLL HOLLYWO												
HOLLINO	OD 1 L 330					City			FL	Zip Code		
8. The above the obligati	named entit ions of regis	y submits this statement f ered agent.	or the purp	ose of changing its	register	ed office or registe	ered age	ent, or both, in the State of Flori	da. I am far	niliar with, a	and accept	
SIGNATURE -	Signature, typed	or printed name of registered ager	t and title if app	ilicable. (NOT	E: Registere	ed Agent signature require	ed when re	instating)	DATE			
After	May 1, 20	!! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	of State					Election Campaign Fina Trust Fund Contribution		Added	May Be to Fees	
10.		OFFICERS AND		PRS	11.		AD	DITIONS/CHANGES TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ANN DCEAN DR. DOD FL 33019		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHEL 2618 N C	L, JENNIFER ICEAN DR DOD FL 33019		Delete Delete	1					☐ Change	☐ Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TIT NA STI			110.07/2V/i) Florida Statutas	further ac-	☐ Change	Addition	

12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.

SIGNATURE: