

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000013100**

1. Entity Name

**MAGIC BUILDERS, INC.****FILED****Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90033 042 \*\*\*158.75

Principal Place of Business

**12943 SW 133 COURT**  
**MIAMI FL 33186**

Mailing Address

**12943 SW 133 COURT**  
**MIAMI FL 33186-5846****910759**

2. Principal Place of Business

**13091 sw 133 Court**

Suite, Apt. #, etc.

3. Mailing Address

**13091 SW 133 Court**

Suite, Apt. #, etc.

City &amp; State

**Miami, Florida**

City &amp; State

**Miami, Florida**

4. FEI Number

**65-0894297**

Applied For

Not Applicable

Zip

**33186**

Country

**USA**

Zip

**33186**

Country

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

6. Name and Address of Current Registered Agent

**DURAN, ANIBAL**  
**7415 SW 153 COURT, UNIT #103**  
**MIAMI FL 33193**

7. Name and Address of New Registered Agent

Name

**Miguel Ocana**

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

**1557 SW 141 Avenue**

City

**Miami, Florida****FL**

Zip Code

**33184**

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 **X**

Signature, typed or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating)

**January 26, 2000**

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, 2000 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 **PD** ☐ Delete  
NAME **DURAN, ANIBAL** **XXX**  
STREET ADDRESS **7415 SW 153 COURT UNIT #103**  
CITY-ST-ZIP **MIAMI FL 33193**TITLE **VPD** ☐ Delete  
NAME **RODRIGUEZ, EDUARDO**  
STREET ADDRESS **1525 SW 141 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33184**TITLE **STD** ☐ Delete  
NAME **OCANA, MIGUEL**  
STREET ADDRESS **1557 SW 41 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33184**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D.** ☐ Change ☐ Addition  
NAME **Eduardo Rodriguez** **XX**  
STREET ADDRESS **1525 SW 141 Avenue**  
CITY-ST-ZIP **Miami, FL 33183**TITLE **P/D** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **VP/D/S/T** ☐ Change ☐ Addition  
NAME **Miguel Ocana** **XX**  
STREET ADDRESS **1557 SW 141 Avenue**  
CITY-ST-ZIP **Miami, Florida 33184**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **X****SIGNATURE REQUIRED****Eduardo Rodriguez P/D 01-26-2000**

Date

Daytime Phone #