

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033374

1. Entity Name

MAGICAL ADVENTURES, INC.

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90104 050 ***150.00

Principal Place of Business

10097 CLEARY BLVD STE 272
PLANTATION FL 33324

Mailing Address

10097 CLEARY BLVD STE 272
PLANTATION FL 33324-1065

2. Principal Place of Business

7912 Sonoma Springs Cir
Suite, Apt. #, etc.
#303

3. Mailing Address

7912 Sonoma Springs Cir
Suite Apt. #, etc.
#303

City & State

Lake Worth, FL

City & State

LAKE WORTH, FL

Zip

33463

Country

USA

Zip

33463

Country

USA

4. FEI Number

65-0921728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEYERSON, DAVID S
1440 NW 110 AVE #400
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name David Meyerson #303
Street Address (P.O. Box Numbers Not Acceptable)
7912 Sonoma Springs Circle
City LAKE WORTH FL Zip Code 33463

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

David Meyerson

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

X

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 D
NAME MEYERSON, DAVID S
STREET ADDRESS 10097 CLEARY BLVD STE 272
CITY-ST-ZIP PLANTATION FL 33324

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.P.
NAME Meyerson, David S.
STREET ADDRESS 7912 SONOMA SPRINGS CIR. 303
CITY-ST-ZIP LAKE WORTH, FL 33463

☒ Change ☐ Addition

TITLE
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☐ Change ☐ 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 like empowered.

SIGNATURE:

David Meyerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

Date

Daytime Phone #