## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an addit

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

## FILED Apr 17, 2000 8:00 am Secretary of State DOCUMENT # **P99000065804** 1. Entity Name MAGIC DECKS, INC. 04-17-2000 90032 004 \*\*\*150.00 Mailing Address Principal Place of Business 2450 S.W. 137TH AVENUE 812 S.W. 11TH STREET APARTMENT 2 **SUITE 226** MIAMI FL 33175-6332 HALLANDALE FL 33308 2. Principal Place of Business 3. Mailing Address SAME 7151 MEADE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 65-0936113 City & State City & State HOLLYWOOD FLNot Applicable Country BROWARD Zip Country \$8.75 Additional $3\frac{700}{3}024$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IVAN\_LINARES A&P-REGISTERED ACENT, INC. Street Address (P.O. Box Number is Not Acceptable) 7151 MEADE ST 8450-0:W:\_197TH-AVENUE SUITE 220= MIAMIL FL 33179 HOLLYWOOD statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named a ubmit**à** this tunn Linarez (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable CATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PRES- V. PRES - SEC. -TREAM Change XX Addition D TITI F Delete TITLE IVAN LINARES LINARES, IVAN NAME 812 S.W. 11TH STREET APT #2 STREET ADDRESS STREET ADDRESS 7151 MEADE ST CITY-ST-ZIP CITY-ST-ZIP 33024 HALLANDALE FL 33308 HOLLYWOOD, FL X Delete Change ☐ Addition TITLE TITLE NAME SANCHEZ, JESUS NAME STREET ADDRESS STREET ADDRESS P.O. BOX 592632 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33154 N Delete ☐ Change ☐ Addition TITLE TITLE NAME DE LEON, ROGERT NAME STREET ADDRESS STREET ADDRESS 2468 S.W. 137TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAM! FL 33175** ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this thing 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on an attachment with an address, withall other like provinced.