

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90078 007 ***150.00

DOCUMENT # **P99000065804**

1. Entity Name

MAGIC DECKS . INC ✓

Principal Place of Business

Mailing Address

**7151 MEADE ST
HOLLYWOOD FL
33024****SAME**

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

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JUAN LINARES

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

7151 MEADE ST

City

HOLLYWOOD

FL

Zip Code

33024

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

Signature, typed or printed name of individual agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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, 2001 Fee will be \$250.00
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

☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
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CITY- ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
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CITY- ST- ZIP☐ Change ☐ AdditionTITLE
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NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN LINARES 3-10-01

Date

Daytime Phone #

954553 41567