

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
03-24-2000 90066 050 ***150.00

DOCUMENT # P99000067563

Entity Name
MANTLE MAGIC & ARCHITECTURAL DETAILS, INC.

Principal Place of Business
N.E. 49 ST.
LAUDERDALE FL 33334

Mailing Address
431 N.E. 49 ST.
FT. LAUDERDALE FL 33334-2340

Principal Place of Business
AS ABOVE ↑

3. Mailing Address
AS ABOVE ↑

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
City & State

4. FEI Number
☒ Applied For
☐ Not Applicable

Zip
Country USA

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

6. Name and Address of Current Registered Agent
DIGIULIAN, VICTORIA
431 N.E. 49 ST.
FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
DELETE NAME STREET ADDRESS CITY-ST-ZIP	D DIGIULIAN, VICTORIA 431 N.E. 49 ST. FT. LAUDERDALE FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 03/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #