

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am  
Secretary of State

01-29-2000 90094 040 \*\*\*158.75

DOCUMENT # P99000073600

1. Entity Name

DESIGNER BY MAGIC TOUCH INC.

Principal Place of Business

32 SE 4TH ST  
BOCA RATON FL 33432

Mailing Address

32 SE 4TH ST  
BOCA RATON FL 33432-6014

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

165-0946073

Applied For

Not Applied

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~CRUZ, MARLY  
32 SE 4TH ST  
BOCA RATON FL 33432~~

7. Name and Address of New Registered Agent

Name MARIA D. DUTRA  
Street Address (P.O. Box Number is Not Acceptable) 1733 N.E. 48TH STREET  
City POMPANO BEACH FL 33064

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

*Maria D. Dutra*

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

(NOTE: Registered Agent signature required when reinstating)

PRESIDENT

01/19/00

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	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>CRUZ, MARLY</del>	
STREET ADDRESS	<del>32 SE 4TH ST</del>	
CITY-ST-ZIP	<del>BOCA RATON FL 33432</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>P</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	<u>MARIA D. DUTRA</u>	
STREET ADDRESS	<u>1733 N.E. 48TH STREET</u>	
CITY-ST-ZIP	<u>POMPANO BEACH, FL 33064</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
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:

*Maria D. Dutra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA D. DUTRA 01/19/00 (561) 416-989

Date

Daytime Phone #