FILED
Aug 06, 2002 8:00 am
Secretary of State
08-06-2002 90276 005 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080185

1. Entity Name
MAGICAL EXPRESS INC P

123347

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9110 B US HWY 192	9110 B US HWY 192
Suite, Apt #, etc. B	Suite, Apt #, etc. B
City & State CLERMONT FL	City & State CLERMONT FL
Zip 34711 Country U-S-A-	Zip 34711 Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3600728 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name HAYES, ROBERT S ESQ
Street Address (P.O. Box Number is Not Acceptable) 441 W. VINE STREET
City KISSIMMEE FL Zip Code 34741

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 — N/A —
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	MEGHANI ALNOOR
STREET ADDRESS	12727 US 27 Hwy N
CITY-ST-ZIP	DAVENPORT FLA 33837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: A MEGHANI. ALNOOR MEGHANI 08/02/02 8634203838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #