

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90164 039 \*\*\*150.00

**DOCUMENT # S21779**

1. Entity Name

**MAGIC TOUCH ENTERPRISE, INC.**

Principal Place of Business

**2563 NE 15TH ST.  
POMPAÑO BEACH FL 33062**

Mailing Address

**2563 NE 15TH ST.  
POMPAÑO BEACH FL 33062**

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

**65-0240875**

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

**KENTGUL, SEBAHITTIN**

**2563 NE 15TH ST.**

**POMPAÑO BEACH FL 33062**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **KENTGUL, SEBAHITTIN**  
STREET ADDRESS **2563 NE 15TH ST.**  
CITY-ST-ZIP **POMPAÑO BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KENTGUL, CHERYL**  
STREET ADDRESS **2563 NE 15TH ST.**  
CITY-ST-ZIP **POMPAÑO BEACH FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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:

**SEBAHITTIN KENTGUL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/16/02**  
Date

Daytime Phone #

CR2E034 (4/02)

Attachment

July 16, 2002

# S2/779

To whom it may concern

My name is Sebahittin Kentgul, My wife Cheryl Kentgul and I own the Magic Touch Enterprise, Inc. We have been incorporated for many years and always paid our fees on time. This is first time being late because I was temporary employed out of the country.

Being an employee of the "TRW" defense contractor, worked as an linguist for protection of the US peace keeping forces in Bosnia.. I returned back to the US June /04/2002.

Now; without knowing about first 'Uniform Business Report' form, I am facing second one with \$400 (four hundred dollars) late fee charge.

For above reason I would greatly appreciate if this late fee could be waived..

I thank you in advance for your help and cooperation in this matter.

Sincerely

Sebahittin Kentgul

Sebahittin Kentgul