

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90039 020 ***150.00

DOCUMENT # S66742

1. Entity Name

MAGIC CUT, INC.

Principal Place of Business

Mailing Address

2750 W 68TH STREET
 SUITE #111
 HIALEAH FL 33016
 US

2750 W 68 STREET
 SUITE #111
 HIALEAH FL 33016-5447
 US

2. Principal Place of Business

2750 W 68 ST.

3. Mailing Address

2750 W 68 ST.

Suite, Apt. #, etc.

#111

Suite, Apt. #, etc.

#111

City & State

HIALEAH FL.

City & State

HIALEAH

Zip

33016

Country

DADE

Zip

33016

Country

DADE

6. Name and Address of Current Registered Agent

RENE CHAVES
 2750 W 68TH #111
 HIALEAH FL 33016

Name

RENE CHAVES

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

2750 W 68 ST. #111

City

HIALEAH

FL

Zip Code

33016

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

René Chaves RENE CHAVES PRES René Chaves 1-12-00

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 \$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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CHAVES, RENE	2750 W 68 ST 111	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

René Chaves RENE CHAVES

1-12-00

305-538-0779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #