

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S79330

1. Entity Name

THIS MAGIC MOMENT, INC.

Principal Place of Business

Mailing Address

THIS MAGIC MOMENT
720 HARRISON ST
HOLLYWOOD FL 33019
US

720 HARRISON ST.
HOLLYWOOD FL 33019-1619

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

65-0285240

Applied For

No: 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

THIS MAGIC MOMENT
720 HARRISON ST
HOLLYWOOD FL 33019

Name

JUDITH ABARCA

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

720 HARRISON ST

HOLLYWOOD, FL 33019

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.

SIGNATURE

Judith Abarca

JUDITH ABARCA

5/8/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	THIS MAGIC MOMENT	
STREET ADDRESS	720 HARRISON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	President	<input type="checkbox"/> Delete
NAME	JUDITH ABARCA	
STREET ADDRESS	720 HARRISON ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Judith Abarca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/7/00

Daytime Phone #



DO NOT WRITE IN THIS SPACE

00 JUN 12 PM 1:31

03-13-2000 90024 044 ***150.00

SECRETARY OF STATE

FILED

MAY 18

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CR2034 (9/99)