

6/18

FILED
Jul 08, 2002 8:00 am
Secretary of State

06-18-2002 90486 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

THIS MAGIC MOMENT, INC ✓
579330

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1416 FRUITVILLE RD

3. Mailing Address

1416 FRUITVILLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34236

Country

SARASOTA

Zip

34236

Country

SARASOTA

4. FEI Number

65-0285240

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ABAROA, JUDITH A

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

363 LESLIE DR

City

HALLANDALE,

FL

Zip Code

33009

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

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

(NOTE: Registered Agent signature required when amending)

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 \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. PRESIDENT OFFICERS AND DIRECTORS

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP
ABAROA, JUDITH A
363 LESLIE DR
HALLANDALE, FL 33009

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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:

Judith Abaroa JUDITH ABAROA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

954-457-7964

Daytime Phone #

CR20034B (12/01)