

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V38542

1. Entity Name
NATURAL MAGIC IMPORTS, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90062 024 ***550.00

Principal Place of Business

4112 AURORA STREET
CORAL GABLES FL 33146
US

Mailing Address

4112 AURORA STREET
CORAL GABLES FL 33146
US

2. Principal Place of Business

147 MOHAWK ST

Suite, Apt. #, etc.

3. Mailing Address

147 MOHAWK ST

Suite, Apt. #, etc.

City & State

TAVERNIER FL

Zip

33070

Country

U.S.A

City & State

TAVERNIER FL

Zip

33070

Country

U.S.A

4. FEI Number

65-0336277

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINNAMON, WILLIAM
4112 AURORA STREET
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name WILLIAM SINNAMON

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

147 MOHAWK ST

City

TAVERNIER

FL

Zip Code

33070

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 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, 2000 Min. 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

TITLE D
NAME SINNAMON, WILLIAM
STREET ADDRESS 5870 S.W. 104TH STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-01-00

Date

305 852 9165

Daytime Phone #