

2002 UNIFORM BUSINESS REPORT (UBR)

0008776 AT

DOCUMENT # A93000000345

1. Entity Name
MAJESTIC PARTNERS OF VERO BEACH, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

W/S
7/15

02 MAY -2 PM 1:26



Principal Place of Business
C/O MIP MANAGEMENT CORPORATION
1860 NORTH CONGRESS AVENUE
WEST PALM BEACH FL

Mailing Address
1235 WINDING OAKS CIR
VERO BEACH FL 32963

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

DUE BY MAY 1, 2002

4. FEI Number **65-0403172**
Applied For
Not Applicable

Zip Country Zip Country
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRION, JACQUES
C/O MIP MANAGEMENT CORPORATION
1860 NORTH CONGRESS AVENUE
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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.

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

9. Capital Contributions as Shown on record. **\$2,000,000.00**
10. Amount of Capital Contributions in FLORIDA to date.
11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L25767**
NAME **MIP MANAGEMENT CORPORATION**
STREET ADDRESS **1860 NORTH CONGRESS AVE.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **K39051**
NAME **SWISS AMERICAN INVESTMENT CORPORATION**
STREET ADDRESS **1860 NORTH CONGRESS AVE.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS
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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/02
Date Daytime Phone #

CP2E003 (9/01)