2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State
05-06-2000 90114 001 ***750.00

DOCUMENT # H89426

1. Entity Name
MAJESTIC GROUP, INC.

Principal Place of Business	Mailing Address
1860 NORTH CONGRESS AVENUE WEST PALM BEACH FL 33401	1860 NORTH CONGRESS AVENUE WEST PALM BEACH FL 33401-1604

12560

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4411 BEACON CIRCLE	4411 Beacon Circle
Suite, Apt. #, etc. Suite 1B	Suite, Apt. #, etc. Suite 1B
City & State WEST PALM BEACH	City & State West Palm Beach
Zip FL Country USA 33407	Zip Fl Country USA 33407

4. FEI Number 59-2612797 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. **Name and Address of Current Registered Agent**

BRION, JACQUES
1860 N CONGRESS AVE
WEST PALM BCH FL 33401

7. **Name and Address of New Registered Agent**

Name BRION JACQUES. Majestic Group
Street Address (P.O. Box Number is Not Acceptable) 4411 Beacon circle - Suite 1B
City WEST PALM BEACH FL Zip Code 33407

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. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	AS BARACK, PETER J. 333 W. WACKER #2700 CHICAGO IL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSP BRION, JACQUES 1860 N CONGRESS AVE WEST PALM BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSP Jacques Brion 4411 Beacon Circle - Suite 1B West Palm Beach Fl. 33407	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 REQUIRED 04.24.00 561.842.9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #