

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90202 041 ***150.00

DOCUMENT # P95000023182

1. Entity Name

MAJOR AMERICAN MARKETING INTERNATIONAL COMPANY

Principal Place of Business

Mailing Address

5591 COACH HOUSE CIR.
 #B
 BOCA RATON FL 33486
 US

5591 COACH HOUSE CIR.
 #B
 BOCA RATON FL 33486-8677
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6191 N.W. 24th Terrace

6191 NW 24th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton FL

4. FEI Number

65-0569521

Applied For

Not Applicable

Zip **33496**

Country **USA**

Zip **33496**

Country **USA**

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

FEIGENBAUM, MENDEL
5591 COACH HOUSE CIR. #B
BOCA RATON FL 33486

Name **FEIGENBAUM, MENDEL**

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

6191 N.W. 24th Terrace

Boca Raton

FL

Zip Code **33496**

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 \$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 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FEIGENBAUM, MENDEL	
STREET ADDRESS	6191 NW 24TH TER.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00 561 4794377

Date

Daytime Phone #