## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## **FILED** Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # 400541** 1. Entity Name MAJESTIC REALTY, INC. 02-06-2001 90308 021 \*\*\*150.00 Principal Place of Business Mailing Address 12601 SW 67TH COURT 12601 SW 67TH COURT MIAMI FL 33156 MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0297763 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DECARION, GEORGE H Street Address (P.O. Box Number is Not Acceptable) 12601 SW 67 CT. **MIAMI FL 33156** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE Change Addition DECARION, GEORGE H NAME NAME STREET ADDRESS 12601 SW 67 CT. STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP VSD TITLE ☐ Delete TITLE Change ☐ Addition ARAKI, VIVA DE CARION NAME NAME **4029 BRIARGLADE WAY** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA CITY-ST-ZIP ASD TITLE ☐ Delete TITLE ☐ Change ☐ Addition DE CARION, CURTIS NAME NAME 120 BELGIAN DRIVE STREET ADDRESS STREET ADDRESS **DANVILLE CA 94526** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition BRYANT, ELIZABETH D. NAME NAME 1102 WALKER DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DECATUR GA 30030** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 if changed, or on an attach part with an address, with all other like empowered.