

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90026 036 \*\*\*150.00

**DOCUMENT # 479587**

1. Entity Name  
**MAJESTIC KIMBERLY, INC.**

Principal Place of Business	Mailing Address
60 CUTTER MILL ROAD SUITE 303 GREAT NECK NY 11021	60 CUTTER MILL ROAD SUITE 303 GREAT NECK NY 11021



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-1608115</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>RESSLER, NATE F.</b> <b>2851 S. OCEAN BLVD</b> <b>BOCA RATON FL 33432</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, JAY	NAME	
STREET ADDRESS	60 CUTTER MILL RD	STREET ADDRESS	
CITY-ST-ZIP	GREAT NECK, NY 00000	CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESSLER, NATE F	NAME	
STREET ADDRESS	2851 S OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESSLER, ANNE	NAME	
STREET ADDRESS	2851 S OCEAN BLVD	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALISH, DAVID	NAME	
STREET ADDRESS	60 CUTTER HILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	GREAT NECK NY	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)