

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90137 001 ***150.00

LS-0138 AI

DOCUMENT # 479587

1. Entity Name
MAJESTIC KIMBERLY, INC.

Principal Place of Business

**60 CUTTER MILL ROAD
SUITE 303
GREAT NECK NY 11021**

Mailing Address

**60 CUTTER MILL ROAD
SUITE 303
GREAT NECK NY 11021**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1608115

Applied For

Not Applicable

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

**RESSLER, NATE F.
2851 S. OCEAN BLVD
BOCA RATON FL 33432**

Name **Thomas Gould**

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

6928 Houlton Circle

City **LAKE WORTH**

FL

Zip Code **33467**

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, 2002 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. **EXISTING OFFICERS AND DIRECTORS**

12. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **V** ☐ Delete
NAME **GOULD, JAY**
STREET ADDRESS **60 CUTTER MILL RD**
CITY-ST-ZIP **GREAT NECK, NY 00000**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PT** ☒ Delete
NAME **RESSLER, NATE F**
STREET ADDRESS **2851 S OCEAN BLVD**
CITY-ST-ZIP **BOCA RATON, FL 00000**

TITLE **PT** ☐ Change ☒ Addition
NAME **Seth Kobay**
STREET ADDRESS **60 CUTTER MILL Rd.**
CITY-ST-ZIP **GREAT NECK, NY 11021**

TITLE **S** ☒ Delete
NAME **RESSLER, ANNE**
STREET ADDRESS **2851 S OCEAN BLVD**
CITY-ST-ZIP **BOCA RATON, FL 00000**

TITLE **S** ☐ Change ☒ Addition
NAME **Patricia Chierichella**
STREET ADDRESS **60 CUTTER MILL Rd.**
CITY-ST-ZIP **GREAT NECK, NY 11021**

TITLE **V** ☐ Delete
NAME **KALISH, DAVID**
STREET ADDRESS **60 CUTTER HILL ROAD**
CITY-ST-ZIP **GREAT NECK NY**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)