

# 2000 UNIFORM BUSINESS REPORT (UBR)

42625

**DOCUMENT # A93000000345**

1. Entity Name  
**MAJESTIC PARTNERS OF VERO BEACH, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 AUG 28 AM 10:02

Principal Place of Business      Mailing Address

C/O MIP MANAGEMENT CORPORATION      1235 WINDING OAKS CIR  
1860 NORTH CONGRESS AVENUE      VERO BEACH FL 32963  
WEST PALM BEACH FL



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 **65-0403172**      Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRION, JACQUES**  
C/O MIP MANAGEMENT CORPORATION  
1860 NORTH CONGRESS AVENUE  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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. Capital Contributions as Shown on record. **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L25767
NAME	MIP MANAGEMENT CORPORATION
STREET ADDRESS	1860 NORTH CONGRESS AVE.
CITY-ST-ZIP	WEST PALM BEACH FL 33401
DOCUMENT #	K39051
NAME	SWISS AMERICAN INVESTMENT CORPORATION
STREET ADDRESS	1860 NORTH CONGRESS AVE.
CITY-ST-ZIP	WEST PALM BEACH FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	300003380399--1
STREET ADDRESS	-09/01/00--01063--019
CITY-ST-ZIP	****926.25 ****926.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (5/00)