

2002 UNIFORM BUSINESS REPORT (UBR)

0008776 AT

DOCUMENT # A93000000345

1. Entity Name

MAJESTIC PARTNERS OF VERO BEACH, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -2 PM 1:26

6/15

Principal Place of Business

C/O MIP MANAGEMENT CORPORATION
1860 NORTH CONGRESS AVENUE
WEST PALM BEACH FL

Mailing Address

1235 WINDING OAKS CIR
VERO BEACH FL 32963



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

65-0403172

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
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

4/29/02

Date

Daytime Phone #

CP2E003 (9/01)