## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR F96000001282 DOCUMENT # 1. Entity Name MAJICO MANAGEMENT CO. Principal Place of Business Mailing Address 10390 SANTA MONICA BLVD 10390 SANTA MONIÇA BLVD



## **FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90181 039 \*\*\*150.00

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US			U\$							
2. Principal Place of Business			3. Mailing Address					ALIFI BARIL BELAL ILAI	# 11881 JB118 1181 1881	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number 95-4445391 Applied For			
Zip	Zip Country		Zip	Cour	ntry		5. Certificate of Status Desired \$8.75 Additi			
	6. Name	and Address of Current	Registered Agent			<u></u>	7. Name and Address of New Registered Agent			
C T COD	PORATION S	*			Name		. Name and Address of New Regi	stered Agent		
			Street Addres		dress (P.O	(P.O. Box Number is Not Acceptable)				
		LAND ROAD					- Sok Hamber is Not Acceptabley			
PLANIAII	ION FL 3332	24					<del></del>			
					City			FL Zip	o Code	
8. The above	named entity	submits this statement for	or the purpose of changing i	ts register	ed office or r	registered	agent, or both, in the State of Florida		with and accept	
the obligat	tions of registe	ered agent.				•			war, and accept	
SIGNATURE		INV	XX							
OIGHANORE:	Signature, typed o	profinted name of registered agent	and title if applipable (NC	TE: Registere	d Agent signature	e required whe	en reinstating)	DATE		
	ILE NOWIU	EEE IS 6150.00							<del>-</del>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							9. Election Campaign Finance	ina 🕻	\$5.00 May Be	
Make Checi	k Pavable to	Florida Department o	f State				Trust Fund Contribution.	· — ,	Added to Fees	
TITLE	DPST	DDAT		11.	<u>"' 1 " "                               </u>		ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	TORS IN 11	
NAME	BERGER, SHELDON P		Delete	- 1	TITLE			☐ Cha	ange 🔲 Addition	
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2. I hereby co	ertify that the i	nformation supplied with	this filing does not qualify fo	r the exem	notion stated	Lin Section	119.07(3)(i) Florida Statutes I furth		ha informati	

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 10 or Block 11 if

SIGNATURE:

Date

Daytime Phone #