

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90018 036 ***150.00

DOCUMENT # F96000003723

1. Entity Name

MAJOR PRODUCTIONS INTERNATIONAL, INC.

Principal Place of Business

1512 E BROWARD BLVD.
STE 301
FORT LAUDERDALE FL 33301
US

Mailing Address

1512 E. BROWARD BLVD
SUITE 301
FT LAUDERDALE FL 33301
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1314 E. LAS OLAS # 52

Suite, Apt. #, etc.

52

City & State

FT. LAUD FL

Zip

33301

Country

BROWARD

4. FEI Number

74-2641136

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

FULCHER, ANGELA E

~~1512 E BROWARD BLVD. STE 301~~
~~FORT LAUDERDALE FL 33301~~

Name

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

1314 E. LAS OLAS, STE. 52

City

FT. LAUD

FL

Zip Code

33301

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

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

ANGELA FULCHER
(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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, 2001 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. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCS ☐ Delete
NAME FULCHER, ANGELA
STREET ADDRESS ~~2415 DESOTA DR~~
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE VTD ☐ Delete
NAME FULCHER, P. MINOR
STREET ADDRESS ~~2415 DESOTA DR~~
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS ~~1314 E. LAS OLAS STE 52~~
CITY-ST-ZIP FT. LAUD 33301

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1314 E. LAS OLAS, STE 52
CITY-ST-ZIP FT. LAUD 33301

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Angela Fulcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELA FULCHER 4/27/01

Date

954/763.2775

Daytime Phone #

CR2E034 (10/00)