2000 UNIFORM BUSINESS REPORT (UBR) FILED May 06, 2000 8:00 am Secretary of State **DOCUMENT # G04584** 1. Entity Name MAJESTIC REALTY CONSULTANTS, INC. 05-06-2000 90114 001 ***750.00 Mailing Address Principal Place of Business 1860 NORTH CONGRESS AVENUE 1860 NORTH CONGRESS AVENUE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-1604 12561 2. Principal Place of Business 4411 Sccom 3. Mailing Address Circle よんり も Circle Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FE! Number & State 59-2225707 Not Applicable 64 Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent-BRION, JACQUES Box Number is Not 1860 N CONGRESS AVE BEACON WEST PALM BEACH FL 33401 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 d name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or prin FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PS 📈 Change TITLE ☐ Delete TITLE sacques Brion **BRION, JACQUES** NAME 4411 Beacon Circle 1860 N CONGRESS AVE STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete TITLE ☐ Addition TITLE Jacques Brion **BRION, JACQUES** NAME NAME Gracia Circle STREET ADDRESS 1860 N CONGRESS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALN FOER U WEST PALM BEACH, BL Change __ Addition TITLE ☐ Delete BARACK, PETER NAME NAME STREET ADDRESS STREET ADDRESS 333 W WACKER DR STE 1120 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

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