

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K63269

1. Entity Name

MAJESTIC MICA, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90003 001 ***150.00

Principal Place of Business

Mailing Address

5976 SW 43 STREET
DAVIE FL 33314
US

5976 SW 43 STREET
DAVIE FL 33314-3646
US

C0031700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0146258

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

7. Name and Address of New Registered Agent

JOHNSON, DICK
12166 ST ANDREWS PLACE
#107
MIRAMAR FL 33025

Name DICK JOHNSON

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

7653 NW 38 CT

City SUNRISE

FL

Zip Code 33351

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 Dick Johnson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 DP
NAME JOHNSON, DICK
STREET ADDRESS 7653 NW 38 COURT
CITY-ST-ZIP SUNRISE FL 33351

☐ Delete

TITLE ☐ Change ☐ Addition
NAME
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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:

Dick Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

Date

9547924577

Daytime Phone #

CR2E034 (9/99)