

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90135 010 \*\*\*\*50.00

**DOCUMENT # L01000013985**

1. Entity Name

**MAJESTIC-ANDRADE, L.L.C.**

Principal Place of Business

**350 HOMESTEAD ROAD SOUTH  
LEHIGH ACRES FL 33936**

Mailing Address

**350 HOMESTEAD ROAD SOUTH  
LEHIGH ACRES FL 33936**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**30-0063058**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINER, STEVEN I ESQ.  
 2320 FIRST ST., STE. 1000  
 FORT MYERS FL 33901**

Name **JERE CARRICK**Street Address (P.O. Box Number is Not Acceptable)  
**350 HOMESTEAD RD SOUTH**City **LEHIGH ACRES****FL**Zip Code **33936**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
 NAME **JERE CARRICK**  
 STREET ADDRESS **350 HOMESTEAD RD SOUTH**  
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **MGRM** ☐ Change ☒ Addition  
 NAME **JERE CARRICK**  
 STREET ADDRESS **350 HOMESTEAD RD SOUTH**  
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)