

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY -2 AM 10:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0011560 AF

DOCUMENT # L99000000195

1. Entity Name  
MAJOR GROUP INT'L, L.L.C.

Principal Place of Business  
1512 E. BROWARD BLVD., SUITE 301  
FORT LAUDERDALE FL 33301

Mailing Address  
1512 E. BROWARD BLVD., SUITE 301  
FORT LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
1314 E. LAS OLAS,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 52

City & State

City & State  
FT. LAUD FL

4. FEI Number  
65-0886060

Applied For  
Not Applicable

Zip Country

Zip Country  
33301 BROWARD

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

FULCHER, P. MINOR  
~~1512 E. BROWARD BLVD., SUITE 301~~  
~~FORT LAUDERDALE FL 33301~~

Name

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

1314 E. LAS OLAS, STE 52

City

FORT LAUDERDALE

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME FULCHER, P. MINOR  
STREET ADDRESS 1512 E. BROWARD BLVD., SUITE 301  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE MGR ☐ Delete  
NAME FULCHER, ANGELA ERCK  
STREET ADDRESS 1512 E. BROWARD BLVD., SUITE 301  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 700004302437-4  
STREET ADDRESS -05/23/01--01074--009  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]* ANGELA FULCHER

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

Date

Daytime Phone #

4/27/01 954/ 763-2775

CR2E083 (11/00)