

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004959

1. Entity Name

MAJESTIC Mortgage credit
INC. ✓**FILED****Apr 19, 2001 8:00 am**
Secretary of State

04-19-2001 90087 049 ***150.00

Principal Place of Business

Mailing Address

901 ST Rd 7 #210
Hollywood, FL 33023

SAME

2. Principal Place of Business

3. Mailing Address

901 ST Rd 7 #210

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hollywood, FL 33023

City & State

City & State

Zip

Country

Zip

Country

4. FRI Number

65-0970713

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0049001

6. Name and Address of Current Registered Agent

RIA KALIPERSAD
901 S State Rd 7 #260
Hollywood, FL 33023

7. Name and Address of New Registered Agent

Name RUTH LIVERPOOL
Street Address (P.O. Box Number is Not Acceptable)
8428 W Oakland PK Blvd
Sunrise, FL 33351
City FL 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

RUTH LIVERPOOL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

PRES

Ria Kalipersad
901 S State Rd 7 #260
Hollywood, FL 33023☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

PRESIDENT

PETER Whittingham
901 ST Rd 7 #210
Hollywood, FL 33023☐ Change☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition

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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/01 906 7909

CR2E034 (11/00)