

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 07, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000017365**1. Entity Name  
MAJR TRADING COMPANY, INC.

## Principal Place of Business

4602 KING PALM DR.

TAMARAC  
33319

FL

## Mailing Address

4602 KING PALM DR.

TAMARAC  
33319

FL

## 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

Applied For

☒ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ANGELO MARTIN JR  
4602 KING PALM DR.TAMARAC  
33319

FL

## 7. Name and Address of New Registered Agent

Name

ANGELO MARTIN JR

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

4602 KING PALM DRIVE

City

TAMARAC

FL

Zip Code  
33319

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 **MARTIN ANGELO, JR.****03/07/2001**

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, 2001 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

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |                                 |                                              |
|----------------|----------------------|---------------------------------|----------------------------------------------|
| TITLE          | PRES                 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME           | ANGELO MARTIN        |                                 |                                              |
| STREET ADDRESS | 4602 KING PALM DRIVE |                                 |                                              |
| CITY-ST-ZIP    | TAMARAC FL 33319     |                                 |                                              |
| TITLE          |                      | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME           |                      |                                 |                                              |
| STREET ADDRESS |                      |                                 |                                              |
| CITY-ST-ZIP    |                      |                                 |                                              |
| TITLE          |                      | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME           |                      |                                 |                                              |
| STREET ADDRESS |                      |                                 |                                              |
| CITY-ST-ZIP    |                      |                                 |                                              |
| TITLE          |                      | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME           |                      |                                 |                                              |
| STREET ADDRESS |                      |                                 |                                              |
| CITY-ST-ZIP    |                      |                                 |                                              |
| TITLE          |                      | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME           |                      |                                 |                                              |
| STREET ADDRESS |                      |                                 |                                              |
| 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: MARTIN ANGELO, JR.****PRES****03/07/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)