

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000045281**

1. Entity Name

**MAJESTIC GROUP MARKETING & SALES USA, INC.****FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90326 022 \*\*\*150.00

0134031

Principal Place of Business

**7416 S.W. 11TH COURT  
FT. LAUDERDALE FL 33068**

Mailing Address

**7416 S.W. 11TH COURT  
FT. LAUDERDALE FL 33068**

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. FFI Number

**65-1008442**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****LAMBERT, SANDRA  
370 W. CAMINO GARDENS BLVD.  
SUITE 114  
BOCA RATON FL 33432****7. Name and Address of New Registered Agent**

Name

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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>MENDES, MANUEL</b>			
	<b>90 THORNCLIFFE PARK DRIVE</b>			
	<b>TORONTO, ONTARIO M4H 1M5</b>			
	<b>D</b>			
	<b>BACCHUS, FEAUD</b>			
	<b>7416 S.W. 11TH COURT</b>			
	<b>FT. LAUDERDALE FL 33068</b>			

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEAUD BACCHUS**

Date

**4/12/01 954 501 6688**

Daytime Phone #

CR2E034 (10/00)