

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90033 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P00000056420**

1. Entity Name  
**MAJIEC, INC.**

Principal Place of Business  
**2401 NORTHWEST 93RD AVENUE  
 MIAMI FL 33172**

Mailing Address  
**2401 NORTHWEST 93RD AVENUE  
 MIAMI FL 33172**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**65-1027367**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**COLLADO & ASSOCIATES, TAX ACCOUNTANTS, P.A.  
 550 NORTHWEST LEJEUNE RD  
 SUITE 205  
 MIAMI FL 33126-5671**

7. Name and Address of New Registered Agent  
 Name **COLLADO & ASSOCIATES TAX ACCOUNTANTS P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**782 NW 42AVE**  
**Suite 629.**  
 City **MIAMI.** **FL** Zip Code **33116-5671**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>PRY</b>				
	<b>IRMA, M Chirino</b>	<b>2401 NW 93AVE</b>	<b>MIAMI, FL 33172</b>		

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: IRMA CHIRINO DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **02-08-01** Daytime Phone # **(305) 5925515**

CR2E034 (10/00)