2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am P00000082921 DOCUMENT # **Secretary of State** 1. Entity Name 03-13-2002 90124 022 ***150.00 MAJOR AJAX, INC. Mailing Address Principal Place of Business C/O KAYE SCHOLER C/O KAYE SCHOLER 777 SOUTH FLAGLER DRIVE #1002 777 SOUTH FLAGLER DRIVE #1002 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business meand treeman LLP Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE VENUE Applied For 4. FEI Number City & State NOT-APPLICABLE. Not Applicable \$8.75 Additional Country Country Zip П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name M. RICHARD SAPIR Street Address (P.O. Box Number is Not Acceptable) C/O KAYE SCHOLER 777 SOUTH FLAGLER DRIVE #1002 WEST PALM BEACH FL 33401 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (9/01)☐ Addition TITLE ☐ Delete TITLE YOU RALAN & FREEHAN LLP 400 PADISON AVENUE, NEW YOR, N RAGAN, THOMAS C NAME NAME G/O 426 PARK-AVENUE STREET ADDRESS STREET ADDRESS NEW YORK NY-10022-3598 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE GO RAGAN & FREEHAN MP RAGAN, THOMAS C NAME 400 MADISOD AVENUE, NEW YOR, NY 1049-1909 G/O-425-PARK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10022 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE c/o RAGAN L FREEMAN LLP 400 MANSON ANENNE, WW. NY 10017-1709 FREEMAN, M E NAME NAME G/O 425 PARK AVENUE STREET ADDRESS STREET ADDRESS NEW-YORK NY 10022 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.