

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90033 049 \*\*\*150.00

**DOCUMENT # P00000082921**

1. Entity Name  
**MAJOR AJAX, INC.**



Principal Place of Business  
**C/O KAYE SCHOLER  
777 SOUTH FLAGLER DRIVE #1002  
WEST PALM BEACH FL 33401**

Mailing Address  
**% RAGAN & FREEMAN LLP  
400 MADISON AVE  
NEW YORK NY 10017**



2. Principal Place of Business  
**100 LAKE SHORE DRIVE**

3. Mailing Address

Suite, Apt. #, etc.  
**PH 52**

Suite, Apt. #, etc.

City & State  
**North Palm Beach**

City & State

Zip  
**33408**

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**M. RICHARD SAPIR  
C/O KAYE SCHOLER  
777 SOUTH FLAGLER DRIVE #1002  
WEST PALM BEACH FL 33401**

Name  
**JOSHUA D. MANASTER**  
Street Address (P.O. Box Number is Not Acceptable)  
**1428 Brickell Avenue**  
**Eighth Floor**  
City  
**Miami** **FL** Zip Code  
**33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**RAGAN, THOMAS C** ☐ Delete  
**% RAGAN & FREEMAN LLP 400 MADISON AVE**  
**NEW YORK NY 10017**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVP**  
**RAGAN, THOMAS C** ☐ Delete  
**% RAGAN & FREEMAN LLP 400 MADISON AVE**  
**NEW YORK NY 10022**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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**DST**  
**FREEMAN, M E** ☐ Delete  
**% RAGAN & FREEMAN LLP 400 MADISON AVE**  
**NEW YORK NY 10017**

TITLE  
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **THOMAS C RAGAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**January 7, 2003**

**(202) 201-3505**

CR2E034 (10/02)