

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020548

1. Entity Name
MAJ GROUP, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90805 048 ***150.00

0243362 AV

Principal Place of Business
777 LAKEVIEW DRIVE
MIAMI BEACH FL 33140

Mailing Address
777 LAKEVIEW DRIVE
MIAMI BEACH FL 33140

10000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1087780

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STAUBER, DANIEL
777 LAKEVIEW DRIVE
MIAMI BEACH FL 33140

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. 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 PD
NAME STAUBER, DANIEL
STREET ADDRESS 777 LAKEVIEW DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE P.D.
NAME DANIEL STAUBER
STREET ADDRESS 777 LAKEVIEW DR.
CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ Change ☐ Addition

TITLE VD
NAME STAUBER, KAREN
STREET ADDRESS 777 LAKEVIEW DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE V.D.
NAME KAREN STAUBER
STREET ADDRESS 777 LAKEVIEW DR.
CITY-ST-ZIP MIAMI BEACH FL 33140 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

Daniel Stauber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03

305-888-8779
Daytime Phone #

CR2E034 (10/02)