

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-10-2002 90456 016 ***150.00

DOCUMENT # **P01000061344**

1. Entity Name
MAJESTIC CLAIMS INVESTIGATION INC.

Principal Place of Business
633 NE 167TH ST. SUITE #916
NORTH MIAMI BEACH FL 33162

Mailing Address
633 NE 167TH ST. SUITE #916
NORTH MIAMI BEACH FL 33162



2. Principal Place of Business
261 SW 99 AVE.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 840442
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines FL **Pembroke Pines FL**

4. FEI Number **65 118329** Applied For
 Not Applicable

Zip County Zip County
33025 BROWARD **33084 BROWARD**

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

6. Name and Address of Current Registered Agent
FINDLAY, CLIFTON
633 NE 167TH ST, SUITE #918
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent
 Name **CLIFTON FINDLAY**
 Street Address (P.O. Box Number is Not Acceptable)
261 SW 99 AVENUE
 City **Pembroke Pines** FL Zip Code **33025**

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 **CLIFTON FINDLAY "President"**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	CLIFTON S. FINDLAY <input type="checkbox"/> Delete President 261 SW 99 AVE. Pemb. Pine FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLGA B. FINDLAY <input type="checkbox"/> Delete VICE PRESIDENT 261 SW 99 AVE PIP FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLGA B. FINDLAY <input type="checkbox"/> Delete TREASURE 261 SW 99 AVE. PIP FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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 type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 person authorized and 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: **CLIFTON FINDLAY** 4/1/02 (54) 602-1456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)