


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90097 037 \*\*\*150.00

**DOCUMENT # P93000015711**

1. Entity Name  
**MAJESTIC CATERERS OF NORTH MIAMI BEACH, INC.**




Principal Place of Business      Mailing Address

**20900 W DIXIE HWY**      **20900 W DIXIE HWY**  
**STE A**      **STE A**  
**NORTH MIAMI BEACH, FL 33180 US**      **NORTH MIAMI BEACH, FL 33180 US**

**DO NOT WRITE IN THIS SPACE**

*44033241*



03192004    No Chg-P    CR2E034 (10/03)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>65-0391432</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

**ERSKINE, STANLEY B**  
**55 WESTON ROAD**  
**SUITE 300**  
**FT LAUDERDALE, FL 33326**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>NUNBERG, VICTOR L<br>20900 W DIXIE HWY STE A<br>NORTH MIAMI BEACH, FL 33180 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSD<br>NESS, GERALD J<br>20900 W DIXIE HWY STE A<br>NORTH MIAMI BEACH, FL 33180    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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: *Victor Nunberg*      **Victor Nunberg**      *3-30-04*

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone #