

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000027206

1. Entity Name

MAJOR DYNAMICS, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90028 038 ***150.00

Principal Place of Business

BARNETT BANK TOWER
ONE EAST BROWARD BLVD., 17TH FLOOR
FT. LAUDERDALE FL 33301
US

Mailing Address

BARNETT BANK TOWER
ONE EAST BROWARD BLVD., 17TH FLOOR
FT. LAUDERDALE FL 33301-1804
US

LUUUU400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

One E Broward Blvd #601

Suite, Apt. #, etc.

#601

3. Mailing Address

One E Broward Blvd

Suite, Apt. #, etc.

#601

City & State

FT LdLh

FL

City & State

FT LdLh

FL

Zip

33301

Country

USA

Zip

33301

Country

USA

4. FEI Number

65-0400430

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAGER, SCOTT
ONE EAST BROWARD BLVD., 17TH FLOOR
BARNETT BANK TOWER
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

SCOTT Mager

Street Address (P.O. Box Number is Not Acceptable)

One E Broward Blvd
#601

City

FT Lauderdale

FL

Zip Code

33301

8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	MAGER, SCOTT	
STREET ADDRESS	ONE EAST BROWARD BLVD., 17TH FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-00

Date

954 763-2800

Daytime Phone #

CR2E034 (9/99)