

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000083735

1. Entity Name
MAJESTIC INVESTMENT CORPORATION ✓

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90029 032 ***150.00

Principal Place of Business
732 NW 22ND ST
WILTON MANOR, FL
33311
US

Mailing Address
13000 N.W. FIRST ST.
PLANTATION, FL
33325
US

00091873

2. Principal Place of Business
4250 S.W. 92nd AVE
Suite, Apt. #, etc.

3. Mailing Address
13000 NW 1ST ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DAVIE, FL
Zip
33328
Country
US

City & State
PLANTATION, FL
Zip
33325
Country
US

4. FEI Number
65-0458394

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FOCKE, JR. H.R.
3038-C N. FED HWY
FT LAUD, FL 33306

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3800 INVERRARY BLVD #209
City
LAUDERHILL FL Zip Code
33319

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

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	DP	<input type="checkbox"/> Delete
NAME	FOCKE, RICHARD A.	
STREET ADDRESS	732 N.W. 22ND ST	
CITY-ST-ZIP	WILTON MANOR, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENRY R. FOCKE JR	
STREET ADDRESS	13000 NW 1ST ST	
CITY-ST-ZIP	PLANTATION, FL 33325	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	FOCKE, SUSAN W.	
STREET ADDRESS	13000 N.W. 1ST ST	
CITY-ST-ZIP	PLANTATION, FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD A. FOCKE	
STREET ADDRESS	4250 S.W. 92ND AVE.	
CITY-ST-ZIP	DAVIE, FL 33328	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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:

Richard A. Focke, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (954) 723-9906
Date Daytime Phone #

CR2E034 (9/99)