

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90299 048 \*\*\*150.00

DOCUMENT # *P 930000 87365*

1. Entity Name

*MAJESTIC CATERING  
RACETRACK KITCHEN, INC.*



**DO NOT WRITE IN THIS SPACE**

**40068446**

2. Principal Place of Business

*901 S. FEDERAL HIGHWAY*

Suite, Apt. #, etc.

3. Mailing Address

*P.O. Box 4046*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*HALLANDALE BEACH*

City & State

*HALLANDALE BEACH*

4. FEI Number

*69-1309146*

Applied For

Not Applicable

Zip

*33009*

Country

*BROWARD*

Zip

*33008-4046*

Country

*BROWARD*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*FLORENCE SMITH*

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

*SEE BELOW*

City

**FL**

Zip Code

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>PRES. JAMES E. SMITH P.O. Box 4046 HALLANDALE BEACH, FL. 33008-4046</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>V.P. JT. FLORENCE SMITH SEE ADDRESS ABOVE</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Florence Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/05*

Date

*954-456-5247*

Daytime Phone #

CR2E034B (12/02)