FOR PROFIT CORPORATION ~ซัNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P930000 87365 1. Entity Name

> MAJESTIC CATERING RACETRACK KITCHEN, INC.



FILED

03 HAY 15 AH 7: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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2. Principal Place of Business 3. Mailing Address					
901 S. FIZDERAL HIGHWAY P.O. BOX 70 Suite, Apt. #, etc.		076		DO NOT WRITE IN THIS SPACE 77	
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City & State	City & State		4. FI	El Number	Applied For
HALLANDALE, FL.	MALLANDALE	FL.	_	59-1509146	Not Applicat
Zip Country	Zip 3 3 00 8	Country	5. C	ertificate of Status Desired	\$8.75 Additional Fee Required
33008-40-46 U.S.A. :	1	USA_	7 Nar	ne and Address of Current Registe	
		Name	7. 1401	ne and Address of Corrent Neglace	neu Agent
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	Constitution for the parties of the parties of the	Street A	odr ·		
IN THIS SPA	UE			901 S. FEDELAL	HIRHWAY
		City	HALLA	NDALE F	Zin Code 3300
8. The above named entity submits this statement for the	purpose of changing its re	egistered office of			ım familiar with, and accer
the obligations of registered agent.					
SIGNATURE	41075				
Signature, typed or printed name of registered agent and title	ff applicable. (NOTE:	Registered Agent signal	te required when rein	estating) DAT	, <u>E</u>
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00				9. Election Campaign Financing	\$5.00 u
Amended UBR is \$61.25				Trust Fund Contribution.	\$5.00 May Be
Make Check Payable to Florida Department of Stat	e				- 7,0000 10 1 000
10. OFFICERS AND DIREC	(PODA)	a de la companie de l	The said The Made Market Sainer T	Arean Market and the Arean area and the Arean area and the Arean area area.	region and a control of garden and a second a
TITLE DELOT PRES.	 	TITLE	de material de la companya de la com	A Lateral Stock William Co.	
NAME VAMES SMITH		NAME			
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NAME FLORENCE SMITH		NAME:	- 网络鱼		
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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: _\

4/16/03