

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

DOCUMENT # *P930000 87365*

1. Entity Name

*MAJESTIC CATERING RACETRACK
KITCHEN, INC.*



FILED

03 MAY 15 AM 7:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 S. FEDERAL HIGHWAY

3. Mailing Address

P.O. BOX 7046

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE, FL.

City & State

HALLANDALE, FL.

Zip

Country

33008-4046

U.S.A.

Zip

Country

33008

USA

4. FEI Number

59-1509146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

03

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

FLORENCE SMITH

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

901 S. FEDERAL HIGHWAY

City

HALLANDALE

FL

Zip Code

33009

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
*0000 PRES.
JAMES SMITH
P.O. Box 7046
HALLANDALE, FL. 33008-4046*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*000016324050
04/18/03--01057--003 **150.00*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*V.P.
FLORENCE SMITH
P.O. Box 7046
HALLANDALE, FL. 33008-4046*

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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

4/16/03
Date

954-458-2718
Daytime Phone #

CR2E034B (12/02)