

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031810

1. Entity Name  
**MAJE, INC.**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90125 010 \*\*\*150.00

Principal Place of Business

**1222 N.E. 4TH AVE.  
FT. LAUDERDALE FL 33304  
US**

Mailing Address

**1222 N.E. 4TH AVE.  
FT. LAUDERDALE FL 33304  
US**

**C001449Z**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0494642**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAVOIE, MADELEINE  
1222 N.E. 4TH AVE.  
FT. LAUDERDALE FL 33304**

Name

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

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when registering)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **MERCIER, NICOLAS**  
STREET ADDRESS **28871 BERMUDA LAGO CT APT #204**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **P** ☒ Change ☐ Addition  
NAME **NATHALIE SAVOIE**  
STREET ADDRESS **28871 BERMUDA LAGO CT # 204**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **ST** ☐ Delete  
NAME **SAVOIE, NATHALIE**  
STREET ADDRESS **28871 BERMUDA LAGO CT APT #204**  
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **ST** ☒ Change ☐ Addition  
NAME **NICOLAS MERCIER**  
STREET ADDRESS **28871 BERMUDA LAGO CT # 204**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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: **Nathalie Savoie**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NATHALIE SAVOIE**

Date

**26/01/01**

Daytime Phone #

**941-261-6366**

CR2E034 (10/00)