2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR Mar 20, 2003 8:00 am Secretary of State P95000057312 DOCUMENT # 1. Entity Name 03-20-2003 90139 039 ***150 00 CLASSIC AND MAJESTIC PROPERTIES, INC. Principal Place of Business Mailing Address 1055 NW 121ST LANE 1055 NW 121ST LANE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0652599 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORETSKY, BEVERLY Street Address (P.O. Box Number is Not Acceptable) 1055 NW 121 LANE CORAL SPRINGS FL 33071 City 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. 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE PRESIDENT Addition ORETSKY, JILL Shange NAME NAME Beverly OROTSKY 1055 NW 121 LANE STREET ADDRESS STREET ADDRESS CORM SPRINK FL 33071 CITY-ST-7iP CORAL SPRINGS FL 33071 CITY-ST-ZIP ☐ Delete TITLE V. PRESIDENT **⊠**Change Addition NAME ORETSKY, BEVERLY NAME JIII JOHNS STREET ADDRESS 1055 NW 121 LANE STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL 33071** 1055 NW ISI LANK CITY-ST-ZIP TITLE CORAL SPRING FL-33071 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE:

CITY-ST-ZIP

FILED