

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90044 050 ***150.00

DOCUMENT # P96000016933

1. Entity Name

MAJESTIC INTERNATIONAL GROUP, INC.

Principal Place of Business

407 LINCOLN RD
 STE 6A
 MIAMI BEACH FL 33139
 US

Mailing Address

407 LINCOLN RD
 STE 6A
 MIAMI BEACH FL 33139
 US

2. Principal Place of Business

168 S.E. 1ST STREET

3. Mailing Address

168 S.E. 1ST STREET

Suite, Apt. #, etc.

SUITE # 501

Suite, Apt. #, etc.

SUITE # 501

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

Zip

33131

Country

Zip

33131

Country

4. FEI Number

65-0646283

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BALMACEA, GUSTAVO A
 407 LINCOLN RD
 STE 6A
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **BALMACEA GUSTAVO A**
 Street Address **168 S.E. 1ST STREET**
 Suite, Apt. #, etc. **SUITE # 501**
 City **MIAMI** FL Zip **33131**

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

[Signature]

[Signature]

1/22/02

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BALMACEA, GUSTAVO A	
STREET ADDRESS	407 LINCOLN RD STE 6A	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	GALATRO, FERNANDO E	
STREET ADDRESS	407 LINCOLN RD STE 6A	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALMACEA GUSTAVO A.	
STREET ADDRESS	168 S.E. 1ST STREET - SUITE # 501	
CITY-ST-ZIP	MIAMI - FLORIDA - 33131	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALATRO FERNANDO E.	
STREET ADDRESS	168 S.E. 1ST STREET - SUITE # 501	
CITY-ST-ZIP	MIAMI - FLORIDA - 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/02

305.604.5656

CR2E034 (9/01)