

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90195 006 ***150.00

0277811

DOCUMENT # P96000019317

1. Entity Name

MAJESTY MOVING & STORAGE, INC.

Principal Place of Business

**2714 NW 30 AVENUE
 LAUDERDALE LAKES FL 33311
 US**

Mailing Address

**2714 NW 30TH AVE
 FORT LAUDERDALE FL 33311
 US**

2. Principal Place of Business

**10870 NW 52 Street
 Suite, Apt. #, etc.
 # C**

3. Mailing Address

**10870 NW 52 Street
 Suite, Apt. #, etc.
 # C**

City & State

Sunrise Florida

City & State

Sunrise Florida

Zip

33351

Country

USA

Zip

33351

Country

USA

6. Name and Address of Current Registered Agent

**HAGEN & HAGEN, PA
 3990 SHERIDAN STREET, #104
 HOLLYWOOD FL 33021**

4. FEI Number

65-0647075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

7. Name and Address of New Registered Agent

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

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, 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

TITLE ☐ Delete
 NAME **PSTD**
 STREET ADDRESS **MALOL, YAIR**
 CITY-ST-ZIP **2714 NW 30 AVENUE
 LAUDERDALE LAKES FL 33311**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **PSTD**
 STREET ADDRESS **malol, Yair**
 CITY-ST-ZIP **10870 NW 52 St. #C
 Sunrise, Florida 33351**

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

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

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yair Malol 4/27/01 485-2444
 Date Daytime Phone #

CR2E034 (10/00)