

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90263 022 \*\*\*150.00

**DOCUMENT # P96000019317**

1. Entity Name

**MAJESTY MOVING & STORAGE, INC.**

Principal Place of Business

**10870 NW 52ND STREET  
 C  
 SUNRISE FL 33351  
 US**

Mailing Address

**10870 NW 52ND STREET  
 C  
 SUNRISE FL 33351  
 US**

2. Principal Place of Business

**1218 N. University Dr**

Suite, Apt. #, etc.

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

**Plantation FL**

City & State

4. FEI Number

**65-0647075**

Applied For

Not Applicable

Zip  
**33322**

Country  
**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Yair Malol**

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

**1218 N. University Dr.  
 City Plantation FL Zip Code 33322**

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, 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 ☐ Delete  
 NAME **PSTD**  
 STREET ADDRESS **MALOL, YAIR**  
 CITY-ST-ZIP **10870 NW 52ND STREET C  
 SUNRISE FL 33351**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 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 **1218 N. University Dr.  
 Plantation, FL 33322**

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

TITLE ☐ Change ☐ Addition  
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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

Date

Daytime Phone #

CR2E034 (9/01)