

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045955

1. Entity Name

MAJESTIC RESOURCES, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90055 027 \*\*\*150.00

Principal Place of Business

Mailing Address

~~5400 S UNIVERSITY DR~~ 20911 Johnson  
~~#201~~ Street, Ste 106  
DAVIE FL 33328  
US  
Pembroke Pines,  
FL 33029

~~5400 S UNIVERSITY DR~~ 20911 Johnson St  
~~#201~~ Suite 106  
DAVIE FL 33328-5309  
US  
Pembroke Pines, FL  
33029

2. Principal Place of Business

3. Mailing Address

20911 Johnson St.

20911 Johnson St

Suite, Apt. #, etc.

406 Ste 106

City & State

Pembroke Pines, FL

Zip

33029

Country

USA

Suite, Apt. #, etc.

406 Ste 106

City & State

Pembroke Pines, FL

Zip

33029

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0756300

Applied For

Not Applicable

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

EISNER, JAYSON

~~5400 S UNIVERSITY DR~~ 20911 Johnson St  
~~SUITE 406~~ 106  
DAVIE FL 33328  
Pembroke Pines.

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, type 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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
EISNER, JAYSON  
10822 DENVER DRIVE  
COOPER CITY FL 33026 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1401 ST GABRIELLE LANE #3001  
Weston, FL 33326 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MENDEZ, HILDA  
1280 SW 101ST TERRACE, #307  
PEMBROKE PINES FL 33025 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1401 ST GABRIELLE LANE #3001  
Weston, FL 33326 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

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 (9/99)