

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045955

1. Entity Name

MAJESTIC RESOURCES, INC.

FILED

Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90064 017 ***150.00

Principal Place of Business

20911 JOHNSON STREET
SUITE 106
HOLLYWOOD FL 33029
US

Mailing Address

20911 JOHNSON STREET
SUITE 106
HOLLYWOOD FL 33029
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-0756300

Applied For

Not Applicable

Zip

Country

Zip

Country

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
SUITE 406
DAVIE FL 33328

Name

Eisner, Jayson

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

20911 Johnson Street, #106

City

Pembroke Pines,

FL

Zip Code

33029

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
NAME EISNER, JAYSON
STREET ADDRESS 1401 STREET GABRIELLE LANE #3001
CITY-ST-ZIP FORT LAUDERDALE FL 33326

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

TITLE VP ☐ Delete
NAME MENDEZ, HILDA
STREET ADDRESS 1401 STREET GABRIELLE LANE #3001
CITY-ST-ZIP FORT LAUDERDALE FL 33326

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

TITLE ☐ Delete
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 (10/00)