

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000047091

1. Entity Name

MAJ-ROD, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90184 034 \*\*\*150.00

Principal Place of Business

Mailing Address

~~4000 N A1A~~  
~~#801~~  
~~FT. PIERCE FL 34949~~

~~4000 N A1A~~  
~~#801~~  
~~FT. PIERCE FL 34949-8633~~

Effective 7/1

Effective 7/1

2. Principal Place of Business

3. Mailing Address

8109 ALISTER PLACE

8109 ALISTER PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. LUCIE WEST, FL

City & State

ST. LUCIE WEST, FL

4. FEI Number

65-0757275

Applied For

Not Applicable

Zip

34986

Country

~~USA~~

Zip

34986

Country

~~USA~~ USA

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

ZAHARAKO, JAMES  
4000 N A1A  
#801  
FT. PIERCE FL 34949

Name  
JAMES ZAHARAKO

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

8109 ALISTER PLACE

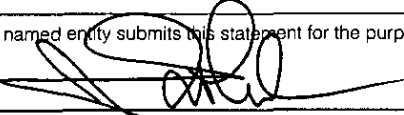
City ~~ST. LUCIE WEST~~

FL

Zip Code  
34986

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.

JAMES ZAHARAKO

4-7-00

(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	P	<input type="checkbox"/> Delete
NAME	ZAHARAKO, JAMES	
STREET ADDRESS	4000 N A1A	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ZAHARAKO, DOROTHY B	
STREET ADDRESS	4000 N A1A	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES ZAHARAKO	
STREET ADDRESS	8109 ALISTER PLACE	
CITY-ST-ZIP	ST. LUCIE WEST, FL 34986	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY B. ZAHARAKO	
STREET ADDRESS	8109 ALISTER PLACE	
CITY-ST-ZIP	ST. LUCIE WEST, FL 34986	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-00

(305) 632.8633

CR2E034 (9/99)