

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90020 004 ***150.00

DOCUMENT # P98000103629

1. Entity Name

MAJE APPAREL, INC.

Principal Place of Business

**2056 NORTHWEST 23RD AVENUE
MIAMI FL 33142**

Mailing Address

**2056 NORTHWEST 23RD AVENUE
MIAMI FL 33142-7354**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-088 1113

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134****7. Name and Address of New Registered Agent**

Name

GILBERT QUAKNINE

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

2056 N.W. 23RD AVE.

City

MIAMI**FL**

Zip Code

33142

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

GILBERT QUAKNINE, SEC. 1/1/20009. 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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BITTAN, MAX	
STREET ADDRESS	2056 NORTHWEST 23RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	STD	<input type="checkbox"/> Delete
NAME	QUAKNINE, GILBERT	
STREET ADDRESS	2056 NORTHWEST 23RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	V	<input type="checkbox"/> Delete
NAME	QUAKNINE, NIURKA	
STREET ADDRESS	2056 NORTHWEST 23RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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

SEC. GILBERT QUAKNINE

Date

Daytime Phone #

1/1/2000 305-6359939