

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90071 031 ***150.00

DOCUMENT # P99000005882

1. Entity Name
MAJONDA CORPORATION



Principal Place of Business
**3440 HOLLYWOOD BLVD
SUITE 360
HOLLYWOOD FL 33021
US**

Mailing Address
**3440 HOLLYWOOD BLVD
SUITE 360
HOLLYWOOD FL 33021
US**

2. Principal Place of Business
**17050 North Bay Rd
Suite, Apt. #, etc.
501**

3. Mailing Address
**17050 North Bay Rd
Suite, Apt. #, etc.
501**

City & State
SUNNY ILS FLA
Zip
33160 Country
USA

City & State
SUNNY ILS FL
Zip
33160 Country
USA

4. FEI Number **65-0890848**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROUSSO, MARK E
3440 HOLLYWOOD BLVD
SUITE 360
HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name
HECTOR C. INGERFLOM
Street Address (P.O. Box Number is Not Acceptable)
17050 NORTH BAY RD #501
City **SUNNY ILS** FL Zip Code **33160**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb, 27, 2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
INGERFLOM, HECTOR C
3440 HOLLYWOOD BLVD SUITE 360
HOLLYWOOD FL 33021** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**17050 North Bay Rd #501
SUNNY ILS FL 33160** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
EPSTEIN, JUDIT M
3440 HOLLYWOOD BLVD SUITE 360
HOLLYWOOD FL 33021** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**17050 North Bay Rd
SUNNY ILS FL 33160** ☒ 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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb, 27, 2003 **(305) 947-4805**
Date Daytime Phone #

CR2E034 (10/02)