

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

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

04-27-2000 90012 010 \*\*\*150.00

**DOCUMENT # P99000028787**

1. Entity Name

**MAJESTIC QUALITY SHOES, INC.**

Principal Place of Business

2871 N OAKLAND FOREST DR #304  
 OAKLAND PARK FL 33309

Mailing Address

2871 N OAKLAND FOREST DR #304  
 OAKLAND PARK FL 33309-6409

2. Principal Place of Business

3991 NW 19th ST

Suite, Apt. #, etc.

3. Mailing Address

3991 NW 19th ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lauderdale Lakes, FL

City & State

Lauderdale Lakes, FL

4. FEI Number

65-0907689

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

33311

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GRAY, MAE O  
 1416 NW 19TH ST  
 FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

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, 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, 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 *President*  
 NAME **CHERYL RUCKER** ☐ Delete  
 STREET ADDRESS **1880 NW 32 Ave**  
 CITY-ST-ZIP **Fort Lauderdale FL 33311**

TITLE *President*  
 NAME **CHARMAINE Thompson** ☐ Delete  
 STREET ADDRESS **1880 NW 32 Ave 1416 NW 19 Ave**  
 CITY-ST-ZIP **Fort Lauderdale, FL 33311**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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 (9/99)