

2001 UNIFORM BUSINESS REPORT (UBR)

6/1

FILED
Sep 06, 2001 8:00 am
Secretary of State

06-15-2001 90170 011 ***150.00
 09-06-2001 90269 026 ***400.00

DOCUMENT # P99000053288
1. Entity Name
Majic Marine Inc.

Principal Place of Business 201 NW 18th Ave
Ft. Lauderdale, FL
33311
Mailing Address 757 SE 17th St.
PMB # 424
Ft. Lauderdale, FL
33316

2. Principal Place of Business 201 NW 18th Ave
3. Mailing Address 757 SE 17th St.
Suite, Apt. #, etc. PMB # 424

City & State Ft. Lauderdale, FL
City & State Ft. Lauderdale, FL
Zip 33311 **Country** USA **Zip** 33316 **Country** USA

6. Name and Address of Current Registered Agent
9-SW 13th Street
Ft. Lauderdale, FL 33315
Johnson, Krauss & Company

7. Name and Address of New Registered Agent
Name Chris Wetberg
Street Address (P.O. Box Number is Not Acceptable) 757 SE 17th St. #424
City Ft. Lauderdale **FL** **Zip Code** 33316

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] **DATE** 8/29/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 <u>President</u> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u>Chris Wetberg</u>	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>757 SE 17th St. #424</u>	STREET ADDRESS <u>No changes</u>	CITY-ST-ZIP <u>Ft. Lauderdale FL 33316</u>	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <u>VP</u> <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <u>Melissa Jennings</u>	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>757 SE 17th St. #424</u>	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <u>Ft. Lauderdale FL 33316</u>	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] **DATE** 6/1/01 **Daytime Phone #** 954 764-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABU83875

DO NOT WRITE IN THIS SPACE