## 2000 UNIFORM BUSINESS REPORT (UBR)

with an address, w

changed, or on an attachment

SIGNATURE:

## Jan 13, 2000 8:00 am Secretary of State **DOCUMENT # V72186** 1. Entity Name MAJESTIC SYSTEMS, INC. 01-13-2000 90021 029 \*\*\*150.00 Mailing Address Principal Place of Business 620 NW 67TH AVE. NW 67TH AVE FT. LAUDERDALE FL 33317-1734 T. LAUDERDALE FL 33317 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0368364 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLEN-BUTLER, KIMBERLY E Street Address (P.O. Box Number is Not Acceptable) 620 NW 67TH AVE. FT. LAUDERDALE FL 33317 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PCSD ☐ Delete TITLE TITLE ALLEN-BUTLER, KIMBERLY E NAME NAME STREET ADDRESS 620 NW 67TH AVE. STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33317 Change Addition VPD ☐ Delete TITLE TITLE BUTLER, MARK L NAME NAME STREET ADDRESS STREET ADDRESS 620 NW 67TH AVE. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33317 Addition جـ 🔲 Delete چ جيــ ۾ \_\_\_\_Change\_ TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

FILED