

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90116 008 ***150.00

DOCUMENT # 479587

1. Entity Name
MAJESTIC KIMBERLY, INC.



Principal Place of Business
**60 CUTTER MILL ROAD
SUITE 303
GREAT NECK NY 11021**

Mailing Address
**60 CUTTER MILL ROAD
SUITE 303
GREAT NECK NY 11021**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-1608115** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOULD (See 2002 UBR)
DAVID, THOMAS
6928 HOULTON CIRCLE
LAKE WORTH FL 33467**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE	V <input checked="" type="checkbox"/> Delete
NAME	GOULD, JAY
STREET ADDRESS	60 CUTTER MILL RD
CITY-ST-ZIP	GREAT NECK NY 11021
TITLE	PO (Kabay) (See 2002 UBR) <input type="checkbox"/> Delete
NAME	KABAY, SETH
STREET ADDRESS	60 CUTTERMILL RD
CITY-ST-ZIP	GREAT NECK NY 11021
TITLE	S <input type="checkbox"/> Delete
NAME	CHIERICHELLA, PATRICIA
STREET ADDRESS	60 CUTTERMILL RD CUTTER MILL
CITY-ST-ZIP	GREAT NECK NY 11021
TITLE	V <input type="checkbox"/> Delete
NAME	KALISH, DAVID
STREET ADDRESS	60 CUTTER HILL ROAD CUTTER MILL
CITY-ST-ZIP	GREAT NECK NY
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

4/14/03 (516) 466-3100
Date Daytime Phone #

CR2E034 (10/02)