

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90058 048 \*\*\*150.00

**DOCUMENT # M66657**

1. Entity Name  
**MAJESTIC HOTEL CORP.**



Principal Place of Business  
**1428 BRICKELL AVENUE**  
**8TH FLOOR**  
**MIAMI FL 33131**

Mailing Address  
**1428 BRICKELL AVENUE**  
**8TH FLOOR**  
**MIAMI FL 33131**

**30007102**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**9400 S. Dadeland Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**9400 S. Dadeland Blvd.**  
Suite, Apt. #, etc.

**Penthouse Five**  
City & State

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City & State

**Miami, FL**

**Miami, FL**

4. FEI Number **65-0035833**

Applied For  
Not Applicable

Zip Country  
**33156 USA**

Zip Country  
**33156 USA**

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

6. Name and Address of Current Registered Agent

**SAAVEDRA, JOSE A**  
**1428 BRICKELL AVENUE**  
**8TH FLOOR**  
**MIAMI BEACH FL 33131**

7. Name and Address of New Registered Agent  
Name  
**SAAVEDRA, JOSE A**  
Street Address (P.O. Box Number is Not Acceptable)  
**9400 SOUTH DADELAND BOULEVARD**  
**PENTHOUSE FIVE**  
City **MIAMI** **FL** Zip Code **33156**

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 *Jose A Saavedra*

(NOTE: Registered Agent signature required when reinstating)

DATE **1/19/03**

**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  Delete  
NAME **D GLASSIE, DON C., JR.**  
STREET ADDRESS **700 OCEAN DRIVE**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  Change  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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1-13-03**

DAYTIME PHONE # **(305) 845-0069**

CR2E034 (10/02)