

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F32362

1. Entity Name

MAS ENTERPRISES OF FT. LAUDERDALE, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90061 035 ***150.00

Principal Place of Business

Mailing Address

419 CARMEN ST.
P.O. BOX 3637
JACKSONVILLE FL 32206

419 CARMEN ST.
P.O. BOX 3637
JACKSONVILLE FL 32206-0637

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2089593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEPRELL, SAMUEL L
1300 GULF LIFE DR SUITE 800
JACKSONVILLE FL 32207

Name LEPRELL, Samuel L
Street Address (P.O. Box Number is Not Acceptable)
Suite 201, St. Marks Place
1930 San Marco Boulevard
City Jacksonville FL Zip Code 32207

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input type="checkbox"/> Delete
NAME	ARRANZ, ROBERT	
STREET ADDRESS	1834 SPICEBERRY CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PO	<input type="checkbox"/> Delete
NAME	ARRANZ, JR. MARIANO	
STREET ADDRESS	1834 SPICEBERRY CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARRANZ, JUDITH	
STREET ADDRESS	1834 SPICEBERRY CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

MARIANO ARRANZ JR 4-500 904328966

Date

Daytime Phone #

CR2E034 (9/99)