

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	59-2089593	Applied For	
				Not Applicable	

Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: LEPRELL, SAMUEL L
 Street Address (P.O. Box Number is Not Acceptable): Side 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: Address change only DATE: _____

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

12. 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	
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	
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: MARIANO ARRANZ JR DATE: 4-5-00 DAYTIME PHONE #: 904-328-8606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)