

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90157 029 ***550.00

DOCUMENT # F32362

1. Entity Name

MAS ENTERPRISES OF FT. LAUDERDALE, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

1314 EASTPORT RD.

3. Mailing Address

P.O. Box 3637

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL.

City & State

JACKSONVILLE FL.

4. FEI Number

59-2089593

Applied For

Not Applicable

Zip

32218

Country

FLORIDA

Zip

32206

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEPRELL, SAMUEL L
SUITE 201, ST MARKS PLACE
1930 SAN MARCO BLVD
JACKSONVILLE FL 32207**

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.

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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** ☐ Delete
NAME **ARRANZ, ROBERT**
STREET ADDRESS **1834 SPICEBERRY CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** ☐ Delete
NAME **ARRANZ, JR. MARIANO**
STREET ADDRESS **1834 SPICEBERRY CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ Delete
NAME **ARRANZ, JUDITH**
STREET ADDRESS **1834 SPICEBERRY CIRCLE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (5/01)