

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

0033542 AV

DOCUMENT # F32362

1. Entity Name
MAS ENTERPRISES OF FT. LAUDERDALE, INC.



04-23-2003 90240 043 ***150.00

Principal Place of Business
**1314 EAST PORT RD
JACKSONVILLE FL 32218**

Mailing Address
**P.O. BOX 26323
JACKSONVILLE FL 32226**



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 ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VPD
ARRANZ, ROBERT
1834 SPICEBERRY CIRCLE
JACKSONVILLE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP

**PD
ARRANZ, JR. MARIANO
1834 SPICEBERRY CIRCLE
JACKSONVILLE FL**

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STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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CITY - ST - ZIP

**SD
ARRANZ, JUDITH
1834 SPICEBERRY CIRCLE
JACKSONVILLE FL**

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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: *MARIANO ARRANZ JR.* **4-21-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MARIANO ARRANZ JR. (904) 356-9606**
Date Daytime Phone #

CR2E034 (10/02)