

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
 01-29-2001 90098 035 ***150.00

DOCUMENT # P00000100197

1. Entity Name
MASTERED CONCEPTS & DESIGN INC.

Principal Place of Business
**6940 NW 24 ST.
 SUNRISE FL 33313**

Mailing Address
**6940 NW 24 ST.
 SUNRISE FL 33313**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6940 N.W. 24TH St
 Suite, Apt. #, etc.

3. Mailing Address
6940 N.W. 24TH St
 Suite, Apt. #, etc.

City & State
Sunrise FL
 Zip
33313
 Country
Broward

City & State
Sunrise FL
 Zip
33313
 Country
Broward

4. FEI Number
65-105-0789
 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**AVILA, DAIDRA D
 6940 NW 24 ST.
 SUNRISE FL 33313**

7. Name and Address of New Registered Agent

Name
Deidra D. Avila
 Street Address (P.O. Box Number is Not Acceptable)
6940 N.W. 24 St.
 City
Sunrise, FL FL Zip Code
33313

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 **Deidra D. Avila** DATE **1-19-01**
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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D. AVILA, DAIDRA D	6940 NW 24 ST.	SUNRISE FL 33313	☐
	President	Deidra D. Avila	6940 N.W. 24TH ST.	☐
		Sunrise, FL	33313	☐
	Vice President	Nazim M. Avila	6940 N.W. 24TH ST.	☐
		Sunrise, FL	33313	☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **Deidra D. Avila**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-01
Date

Daytime Phone #

CR2E034 (10/00)