

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000094013

FILED
Sep 11, 2002
Secretary of State

Entity Name: MASEFIELD AMERICA, INC.

Current Principal Place of Business:

2800 PONCE DE LEON BLVD. #130
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2800 PONCE DE LEON BLVD. #130
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0875890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DALEY, TIM
Address: MASEFIELD AG BAARERSTRASSE
City-St-Zip: ZUG SWITZERLAND CH-6300,

Title: PT () Delete
Name: SOVIDI, KARIM
Address: 2800 PONCE DE LEON BLVD., STE 130
City-St-Zip: CORAL GABLES, FL 33134

Title: VS () Delete
Name: MCCANN, GERRY
Address: 2800 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARIM SOUIDI

PT

09/11/2002

Electronic Signature of Signing Officer or Director

_____ Date