


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91315 007 \*\*\*158.75

**DOCUMENT # P98000094013**

1. Entity Name  
**MASEFIELD AMERICA, INC.**



Principal Place of Business  
**2800 PONCE DE LEON BLVD. #130  
CORAL GABLES FL 33134**

Mailing Address  
**2800 PONCE DE LEON BLVD. #130  
CORAL GABLES FL 33134**

2. Principal Place of Business  
**475 Warren Lane**

3. Mailing Address  
**475 Warren Lane**

Suite, Apt. #, etc.

City & State  
**Key Biscayne, FL**

City & State  
**Key Biscayne, FL**

Zip  
**33149**

Country  
**USA**

Zip  
**33149**

Country  
**USA**

4. FEI Number  
**65-0875890**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DALEY, TIM</b>	
STREET ADDRESS	<b>MASEFIELD AG BAARERSTRASSE</b>	
CITY-ST-ZIP	<b>ZUG SWITZERLAND CH-6300</b>	
TITLE	<b>PT</b>	<input type="checkbox"/> Delete
NAME	<b>SOVIDI, KARIM</b>	
STREET ADDRESS	<b>2800 PONCE DE LEON BLVD., STE 130</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCCANN, GERRY</b>	
STREET ADDRESS	<b>2800 PONCE DE LEON BLVD.</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Souidi, Karim</b>	
STREET ADDRESS	<b>475 Warren Lane</b>	
CITY-ST-ZIP	<b>Key Biscayne, FL <del>33134</del> 33149</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Souidi, Karim</b>	
STREET ADDRESS	<b>475 Warren Lane</b>	
CITY-ST-ZIP	<b>Key Biscayne, FL 33149</b>	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**  **4/24/03 305-361-8244**  
Date Daytime Phone #

CR2E034 (10/02)