

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # S72904**

1. Entity Name

**MRO AMERICA, INC.**

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90355 024 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O JOSEPH T. MASSOUD  
 5051 CASTELLO DR.. #12  
 NAPLES FL 34103  
 US

C/O JOSEPH T. MASSOUD  
 P.O. BOX 260796  
 PEMBROKE PINES FL 33026-7796  
 US

2. Principal Place of Business

3. Mailing Address

*C/O Joseph T. Massoud*

*Suite, Apt. #, etc.  
 P.O. Box 266982*

*City & State  
 Weston, FL*



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State

4. FEI Number

**59-3106894**

Applied For

Not Applicable

Zip

Country

Zip

*33326*

Country

*USA*

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

**MASSOUD, JOSEPH T**  
**860 TANBARK DRIVE, 104**  
**NAPLES FL 34108**

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
 NAME **DOYLE, SANDRA J**  
 STREET ADDRESS **860 TANBARK DR #104**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PSTD**  Delete  
 NAME **MASSOUD, JOSEPH T**  
 STREET ADDRESS **860 TAMBARK DRIVE, 104**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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 CITY-ST-ZIP

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:

*Joseph T. Massoud* Joseph T. Massoud, Secretary 04-29-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*(954)*  
**385-9188**

CR2E034 (9/99)