## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 01, 2001 8:00 am Secretary of State **DOCUMENT # 666195** 1. Entity Name MSA HOLDINGS, INC. 03-01-2001 90052 029 \*\*\*150.00 Principal Place of Business Mailing Address 9460 POINCIANA PLACE 9460 POINCIANA PLACE C/O ARTHUR M. SMITH C/O ARTHUR M. SMITH FT. LAUDERDALE FL 33324 FT. LAUDERDALE FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2000178 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, ARTHUR M Street Address (P.O. Box Number is Not Acceptable) 9460 POINCIANA PL, APT 310 FT. LAUDERDALE FL 33324 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) DP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME SMITH, ARTHUR M. STREET ADDRESS STREET ADDRESS 9460 POINCIANA PLACE CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition 1 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 repeiver 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

all other like empowered

BINTED NAME OF SIGNING OFFICER OR DIRECTOR

SRIHUR M. SMITH V/V3/01

address, with

SIGNATURE AND TYPED OR

changed, or on an attac

SIGNATURE:

FILED