

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90112 047 ***150.00

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DOCUMENT # K00943

1. Entity Name
MASTERLIFT, INCORPORATED



Principal Place of Business
6600 NW 32ND AVE.
MIAMI FL 33147

Mailing Address
6600 NW 32ND AVE.
MIAMI FL 33147



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0251960**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ROBERT H III
9875 NE 12TH AVE.
MIAMI SHORES FL 33138

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DAVIS, ROBERT H JR**
STREET ADDRESS **384 NE 94TH ST**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **C** ☒ Change ☐ Addition
NAME **Davis, Robert H Jr.**
STREET ADDRESS **384 NE 94th St**
CITY-ST-ZIP **Miami Shores, FL 33138**

TITLE **V** ☐ Delete
NAME **DAVIS, WILLIAM A**
STREET ADDRESS **405 NE 99 ST**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

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

TITLE **VTS** ☐ Delete
NAME **DAVIS, ROBERT H III**
STREET ADDRESS **9875 NE 12TH AVE**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **PTS** ☒ Change ☐ Addition
NAME **Davis, Robert H III**
STREET ADDRESS **9875 NE 12th Ave.**
CITY-ST-ZIP **Miami Shores, FL 33138**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Robert H. Davis III 4/9/03

305-691-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)