

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K45213

1. Entity Name

MASAH, INC.

**FILED**  
**Jul 14, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90001 039 \*\*\*550.00

Principal Place of Business

800 E CYPRESS CREEK RD  
302  
FT LAUDERDALE FL 33334  
US

Mailing Address

MASAH INC., 800 E CYPRESS CREEK ROAD  
302  
FT. LAUDERDALE FL 33334  
US

2. Principal Place of Business

2101 W. ~~Commercial~~ *Commercial Blvd*

3. Mailing Address

2101 W ~~Commercial~~ *Commercial Blvd*

Suite, Apt., etc.

Suite, Apt., etc.

3500

3500

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33309

33309



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0081389

Applied For

Not Applicable

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

KONIG, MARCOS

800 EAST CYPRESS CREEK RD 302  
STE 302  
FT. LAUDERDALE FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

2101 W Commercial Blvd

Suite 3500

City

Fort Lauderdale

FL

Zip Code

33309

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

06/27/00

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 ☐ Delete  
NAME D  
STREET ADDRESS KONIG, MARCO  
CITY-ST-ZIP 800 E CYPRESS CREEK #403  
FORT LAUDERDALE FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KONIG, SALOMON  
CITY-ST-ZIP 800 E CYPRESS CREEK #403  
FORT LAUDERDALE FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KONIG, HARRY  
CITY-ST-ZIP 800 E CYPRESS CREEK #403  
FORT LAUDERDALE FL

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

*[Signature]* **TE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/2000

Date

(57)938-2010

Daytime Phone #

CR2134 (9/00)