2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K75232

2001 UNIFORM BUSINESS REPORT (UBR)								FILED				
DOCUMENT # K75232 1. Entity Name							Apr 02, 2001 8:00 am Secretary of State					
-	MASTERS	S. INC.						04-02-2001 90297 048 ***150.00				
		.,					}	0102200190	201010 13	0.00		
Principal Plac	ce of Busines	s	Mailing Addre	ess			-					
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DAVIE FL 33325 US			US US					. 1100	10000			
							}	- 1 40 14011 3 11 1 100 11 3 111 3 11 110 1	81 21811 2 1811 3 1811 4 181	1 838 00 813 00 1 88 1		
2. Principal F	Place of Busin	ness	3. Mailing Add	3. Mailing Address								
Suite, Apt.	. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPACE			
City & Stat	te	· · · · · · · · · · · · · · · · · · ·	City & State	City & State				4. FEI Number 65-0107890 Applied For				
Zip Country			Zip	Zip Cou			Not Applicab			le		
								5. Certificate of Status Desired				
	6. Name	and Address of Curre	nt Registered Agent	t		Name	7. N	lame and Address of New Re	gistered Agent		-	
		AFAEL					Street Address (P.O. Box Number is Not Acceptable)					
14561 SW 18TH CT FT LAUDERDALE FL 33325						direct Address						
רוט	MUDERDALI	FL 33323) }		L	·						
					_	City			FL Zip	Code 		
8. The above	named entity	y submits this statement	for the purpose of cl	hanging its re	gistered o	office or regis	stered age	ent, or both, in the State of Flor	da.			
SIGNATURE .	Stan	of printed name of registered age	ant and title if applicable.	(NOTE, P	Inclusion A.	ent signature requ	strant strange	Section 2	2-27-c	21		
0 Til.		<u>-</u>		<u> </u>			med when te	missa(mg)				
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			After I	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Election Campaign Fina Trust Fund Contribution		5.00 May Be ided to Fees		
11.	/==	OFFICERS AN	D DIRECTORS		12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECT		٦,	
TITLE NAME	DP PEREZ. VII	DAL RAFAEL	: 🗖	☐ Delete		TITLE NAME			☐ Chan	ge 🔲 Additio	n 8	
STREET ADDRESS	ET ADDRESS 14561 SW 18TH CT				STREET A							
CITY-ST-ZIP	FT LAUDERDALE FL. DS			☐ Delete		ŽΙΡ			☐ Chan	no 🗆 Additio	_ }	
TITLE NAME	PEREZ, AN	NA LUCIA	الما ا	Delete	TITLE NAME					ge 🗌 Additio	" ?	
STREET ADDRESS CITY-ST-ZIP	14561 SW				STREET AI	- 1						
TITLE	FT LAUDE	HUALE FL		Delete	TITLE	Zir			☐ Chan	ae 🗆 Additio	$\frac{1}{n}$	
NAME					NAME				_	-	Ì	
STREET ADDRESS CITY-ST-ZIP					STREET A					<u></u>		
TITLE				Delete	TITLE				☐ Chan	ge 🗌 Additio	n	
NAME STREET ADDRESS					NAME STREET AL	OUBESS						
CITY-ST-ZIP					CITY-ST-	- 1				·		
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NAME STREET ADDRESS	l				name I street at	DDRESS						
CITY-ST-ZIP					CITY-ST-	ZIP						
TITLE NAME				Delete	TITLE NAME	1			☐ Chan	ge Addition	n }	
STREET ADDRESS					STREET AL						}	
13. I hereby c	ertify that the	information supplied wi	th this filing does not	t qualify for th	CITY-ST-		Section 1	19.07(3)(i), Florida Statutes. I f	uther certify that the	ne information	4	

indicated on this report or supplied with this him globs not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR