

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K96921

1. Entity Name

MASTER WINGS CORP.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90202 010 ***158.75

00054376



DO NOT WRITE IN THIS SPACE

Principal Place of Business 750 N.W. 107TH STREET MIAMI FL 33168 US		Mailing Address 750 N.W. 107TH STREET MIAMI FL 33168 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0127394	Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CROCKETT, LESTER E
1900 N. BAYSHORE DR.
APT 1014
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name CROCKETT, LESTER E
Street Address (P.O. Box Number is Not Acceptable)
7929 WEST DRIVE, APT #1
City NORTH BAY VILLAGE FL Zip Code 33141

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 *Lester E. Crockett* DATE 4-30-01
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROCKETT, LESTER E 1900 N. BAYSHORE DR., APT 1014 MIAMI FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lester E. Crockett* DATE 4-30-01 DAYTIME PHONE # 305-751-7676
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)