PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K 96931

1. Entity Name

MASTER WINGS CORP

FILED

03 MAY -6 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE 03

4. FEI Number: 65-0179425 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: LESTER E. CROCKETT

Street Address (P.O. Box Number is Not Acceptable): 7601 E. TREASURE DRIVE APT 1909

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable

FEES IS $60.00 $150.00

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CROCKETT, LESTER E. 7601 E. TREASURE DR. APT 1909 NORTH BAY VILLAGE, FL 33141
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lester E. Crockett 5-1-03 305-751-7676