

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90072 010 \*\*\*150.00

**00040676**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** L90446  
**1. Entity Name**  
MASEK PLUMBING INC.

**Principal Place of Business** 116 SE 3RD ST.  
SAFETY BLDG  
DADEFIELD Bch, FL  
33434  
**Mailing Address** 1380 SW 20th St.  
BOCA RATON, FL  
33486

**2. Principal Place of Business** 116 SE 3RD ST.  
**Suite, Apt. #, etc.** Suite B  
**City & State** DADEFIELD Bch FL  
**Zip** 33434 **Country** USA  
**3. Mailing Address** 1380 SW 20th St.  
**Suite, Apt. #, etc.**  
**City & State** BOCA RATON FL  
**Zip** 33486 **Country** USA

**4. FEI Number** 65-0212845  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
MASEK, KENNETH J.  
1380 SW 20th St.  
BOCA RATON, FL 33486

**7. Name and Address of New Registered Agent**  
**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.**

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

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<u>PD</u> <u>MASEK, KENNETH J.</u> <u>1380 SW 20th St.</u> <u>BOCA RATON, FL</u>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Kenneth J. Masek **4/3/00** 561-368-6093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

#L90446

D0040676

4/13/00

## CORPORATE DETAIL RECORD SCREEN

1:19 PM

NUM: L90446

ST:FL ACTIVE/FL PROFIT

FLD: 07/27/1990

FEI#: 65-0212845

NAME : MASEK PLUMBING, INC.

PRINCIPAL: 116 SE 3RD STREET

CHANGED: 05/01/96

ADDRESS SUITE B

DEERFIELD, FL 33434 US

MAILING : 1380 S.W. 20TH STREET

ADDRESS BOCA RATON, FL 33486

RA NAME : MASEK, KENNETH J.

RA ADDR : 1380 S.W. 20TH ST.

BOCA RATON, FL 33486

ANN REP : (1997) BY 04/28/97 (1998) BY 04/13/98 (1999) AN 03/11/99

4/13/00

## OFFICER/DIRECTOR DETAIL SCREEN

1:22 PM

CORP NUMBER: L90446

CORP NAME: MASEK PLUMBING, INC.

TITLE: PD

NAME: MASEK, KENNETH J.

1380 S.W. 20TH ST.

BOCA RATON, FL