

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M25517

1. Entity Name

MAS INTERNATIONAL INC.

Principal Place of Business

435 SOUTHERN BLVD.
WEST PALM BCH FL 33405

Mailing Address

435 SOUTHERN BLVD.
WEST PALM BCH FL 33401-7045

2. Principal Place of Business

502 PALM ST. # 21

Suite, Apt. #, etc.

3. Mailing Address

502 PALM ST. # 21

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33401

Country

Zip

33401

Country

4. FEI Number

59-2628741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTOYA, MARSHA ERWICH
435 SOUTHERN BLVD.
WEST PALM BCH FL 33405

7. Name and Address of ~~Current~~ Registered Agent

Name

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

502 PALM STREET # 21

City

WEST PALM BEACH

FL

Zip Code

33401

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

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

TITLE ☐ Delete
NAME P
STREET ADDRESS MONTOYA, MARSHA ERWICH
CITY-ST-ZIP 435 SOUTHERN BLVD.
WEST PALM BCH FL 33405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 502 PALM STREET #21
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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

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

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

TITLE ☐ Change ☐ Addition
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:

Marsha Montoya MARSHA MONTOKA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00 (561) 832-4401
Date Daytime Phone #

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90118 003 ***158.75

602548



DO NOT WRITE IN THIS SPACE

CR250004 10/00