

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007329

1. Entity Name

MAS'KARADE INC.

FILED

Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90370 024 ****61.25

957177



DO NOT WRITE IN THIS SPACE

Principal Place of Business

13325 NW 19 AVE
MIAMI FL 33167

Mailing Address

13325 NW 19 AVE
MIAMI FL 33167

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEDRO, LOUIS G
501 SW 64 TERRACE
PEMBROKE PINES FL 33023

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME PEDRO, LOUIS G
STREET ADDRESS 501 SW 64 TERR
CITY-ST-ZIP PEMBROKE PINES FL 33023

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

TITLE SD ☐ Delete
NAME RODRIGUEZ, RICARDO
STREET ADDRESS 1955 SW 81 WAY
CITY-ST-ZIP DAVIE FL 33324

TITLE ☒ Change ☐ Addition
NAME RODRIGUEZ, RICARDO
STREET ADDRESS 1955 SW 81 WAY
CITY-ST-ZIP DAVIE FL 33324

TITLE TD ☐ Delete
NAME RODRIGUEZ, MICHAEL
STREET ADDRESS 15390 NE 6 AVE #301
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☒ Change ☐ Addition
NAME RODRIGUEZ, MICHAEL
STREET ADDRESS 15390 NE 6 AVE #301
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-01

954-424-0288

CR2E037 (10/00)