

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002244

1. Entity Name

THE MASTER'S SONS, INC.

Principal Place of Business

730 59TH STREET
SUITE A
WEST PALM BEACH FL 33407

Mailing Address

6410 SW 62 CT
MIAMI FL 33143

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GRANT, DEXTER L
6410 SOUTHWEST 62 COURT
MIAMI FL 33143

4. FEI Number

65-0755539

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDT
JACKSON, LARRY
10965 SW 176TH ST
MIAMI FL 33157 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GRANT, DEXTER
6410 SW 62ND CT
MIAMI FL 33143-3309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
STEWART, LORENZO M
730 59 ST
W.P.B. FL 33407-2532 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDT
PARRY, CARL
1110 NE 110TH TERR
MIAMI FL 33161 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Dexter L Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-01

Date

786-412-3869

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE