

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90164 001 ***150.00
07-24-2002 90164 002 *****8.75

DOCUMENT # P00000066224
1. Entity Name
MASSTA INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12257 SW 204 Ter
Suite, Apt. #, etc.
City & State
MIAMI FL
Zip
33177 Country
USA

3. Mailing Address
P.O. Box 667994
Suite, Apt. #, etc.
City & State
MIAMI FL
Zip
33166 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1025385 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JAMES A. MASON

Street Address (P.O. Box Number is Not Acceptable)
12257 SW 204 Ter

City
MIAMI FL Zip Code
33177

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 **JAMES A. MASON** **July 16, 2002**
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) ☐

**January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP
P.D.	JAMES MASON	12257 SW 204 Ter	Miami FL 33177
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **JAMES A. MASON** **July 16, 2002** **786 306 9094**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

97753

#P0000066224

MASSTA INC.

P. O. BOX 667994, MIAMI, FL 33166 USA

TEL: (786) 306-9094 FAX: (305) 698-0175

EMAIL: MASSTAINC@YAHOO.COM

July 16, 2002

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

We have relocated and there was a discrepancy in the receipt of our mail. As a result we did not receive your correspondence. This has caused a delay in the payment of the Uniform Business Report filing fee. In a telephone conversation we were advised to submit the form and a letter stating the reason for the delay.

We apologize for the delay. Please find enclosed a check for \$150.00.

Thank you for your attention on this matter.

Sincerely,



James A. Mason
President