

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068671

Entity Name

MASTER, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90122 007 ***150.00

0324151 AV

Principal Place of Business

S.E. 17TH STREET

2ND FLOOR

FORT LAUDERDALE FL 33316

Mailing Address

312 S.E. 17TH STREET

2ND FLOOR

FORT LAUDERDALE FL 33316

80029894



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1041955

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SAAVEDRA, DAMASO W ESQ.

312 S.E. 17TH STREET

2ND FLOOR

FORT LAUDERDALE FL 33316

Name

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

City

FL

Zip Code

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

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, 2002 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

1. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	RAHN, ERIC	
STREET ADDRESS	312 S.E. 17TH STREET 2ND FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROSS, JULES	
STREET ADDRESS	312 S.E. 17TH STREET 2ND FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAAVEDRA, DAMASO W	
STREET ADDRESS	312 S.E. 17TH STREET 2ND FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE REQUIRED

JANUARY 17, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAMASO W. SAAVEDRA, VICE PRESIDENT

Date

Daytime Phone #

CR2E034 (9/01)