

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90189 023 \*\*\*150.00

**DOCUMENT # P00000073622**

1. Entity Name  
**MASTER ENTERPRISES INC.**



Principal Place of Business  
**13589 KEYLIME BLVD.  
WEST PALM BEACH FL 33412**

Mailing Address  
**13589 KEYLIME BLVD.  
WEST PALM BEACH FL 33412**



2. Principal Place of Business

**500 Palm St.**

3. Mailing Address

**500 Palm St.**

Suite, Apt. #, etc.

**Suite 36**

Suite, Apt. #, etc.

**Suite 36**

City & State

**West Palm Bch FL.**

City & State

**West Palm Bch FL.**

Zip

Country

**33401**

**USA**

Zip

Country

**33401**

**USA**

4. FEI Number

**65-1031747**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DELAUS, SUSAN**

**13589 KEYLIME BLVD.**

**WEST PALM BEACH FL 33412**

7. Name and Address of New Registered Agent

Name

**Susan Delaus**

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

**500 Palm Street Suite 36**

**West Palm Bch. FL**

**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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **DELAUS, DANIEL**  
STREET ADDRESS **13589 KEYLIME BLVD.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

TITLE **VST** ☐ Delete  
NAME **DELAUS, SUSAN**  
STREET ADDRESS **13589 KEYLIME BLVD.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33412**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **500 Palm Street Suite 36**  
CITY-ST-ZIP **West Palm Bch. FL 33401**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **500 Palm St. Suite 36**  
CITY-ST-ZIP **West Palm Bch. 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

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 607, 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: **Susan R. Delaus** **3/26/03** **(561) 655-2200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)