

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90174 017 ***150.00

0204981

DOCUMENT # P00000086088

1. Entity Name
MASS WORLDWIDE CORP.

Principal Place of Business Mailing Address
4715 NW 72ND AVENUE **4715 NW 72ND AVENUE**
MIAMI FL 33165 **MIAMI FL 33165**

2. Principal Place of Business 3. Mailing Address
4715 NW. 72 AVE. **4715 NW. 72 AVE.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL. **MIAMI, FL.**

4. FEI Number Applied For
65-1038667 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33166 **U.S.A.** **33166** **U,S,A,** **Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLAR, RAUL
4715 NW 72ND AVENUE
MIAMI FL 33165

Name **RAUL SOLAR**
 Street Address (P.O. Box Number is Not Acceptable)
4715 NW. 72 AVE.
 City **MIAMI** FL Zip Code **33166**

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 **RAUL SOLAR** *[Signature]* **04/30/01**
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLAR, RAUL 4715 NW 72ND AVENUE MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLAR, RAUL 4715 NW. 72 AVE. MIAMI, FL. 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABREU, OCTAVIO A 4715 NW 72ND AVENUE MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELLA, OCTAVIO A. 4715 NW. 72 AVE. MIAMI, FL. 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULET, CARLOS L 4715 NW 72ND AVENUE MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULET, CARLOS L. 4715 NW. 72 AVE. MIAMI, FL. 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBADIE, WILLIAM A 4715 NW 72ND AVENUE MIAMI FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABBADIE, WILLIAM A. 4715 NW. 72 AVE. MIAMI, FL. 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 Block 12 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: **RAUL SOLAR** *[Signature]* **4/30/01** **(305) 477-2213**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)