

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90236 048 ***150.00

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DOCUMENT # P00000094562

1. Entity Name
MASSIVE BROKERS, CORP.



Principal Place of Business
**10910 SW 25 ST
MIAMI FL 33165**

Mailing Address
**10910 SW 25 ST
MIAMI FL 33165**



2. Principal Place of Business

7311 NW 12 ST ST#15

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33126

Country

EE.UU

3. Mailing Address

7660 SW 83 ST

Suite, Apt. #, etc.

City & State

FLORIDA, MIAMI

Zip
33143

Country

EE.UU

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1048187

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAZZA-MARTIN, TANIA A.
782 NW 42 AVE, STE 638
MIAMI FL 33126**

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. 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	DPS	<input type="checkbox"/> Delete
NAME	CABRERA, GUSTAVO	
STREET ADDRESS	10910 SW 25 ST	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	CARLOS CZETYRKO, GERARDO	
STREET ADDRESS	10910 SW 25 ST	
CITY-ST-ZIP	MIAMI FL 33165	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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			
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CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-03

Date

205-553-6101

Daytime Phone #

CR2E034 (10/02)