## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P01000004839

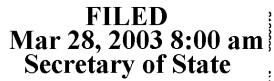


1. Entity Name MSET, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	



03-28-2003 90119 017 \*\*\*150.00

POMPANO BEACH FL 33060			1638 E. ATLANTIC BLVD. POMPANO BEACH FL 33060							
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	4. FEI Number 65-1125654		applied For lot Applicable	
Zip		Country	Zip	Count		5.	5. Certificate of Status Desired See Rec		dditional	
	6. Name a	nd Address of Current	Registered Agent			7.	Name and Address of New Register	ed Agent		
				Name ————————————————————————————————————						
STUPARITZ,					Street Address (P.O. Box Number is Not Acceptable)					
900 E. ATLA	antic blve	).			4					
SUITE 17										
POMPANO		787 W.J.			City			Zip Co	}	
the obligation	named entity : ons of register	submits this statement to ed agent	r the purpose of changing it:	s register	ed office or reg	gistered a	gent, or both, in the State of Florida. I	am familiar with	, and accept	
SIGNATURE	ignature, typed or	printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature re	equired when	reinstating) DA	TE	· · · · · · · · · · · · · · · · · · ·	
After i	May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	f State			<u>. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees	
10.		OFFICERS AND	DIRECTORS	11.		Al	DDITIONS/CHANGES TO OFFICERS.	AND DIRECTOR	RS IN 11	
NAME STREET ADDRESS 1			☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		✓ □ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		e e e e e e e e e e e e e e e e e e e	- · □ · Đelete ·					⊤ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		$\overline{}$	Delete				7316	☐ Change	☐ Addition	
of the corpo	n this report or bration or the	r supplemental report is receiver or trustee empo	this filing does not qualify for true and accurate and that rewered to execute this report with all other like empowered	ny signat as requir	mption stated in ture shall have red by Chapter	n Section the same 607, Flori	119.07(3)(i), Florida Statutes. I further legal effect as if made under oath; tha ida Statutes; and that my name appea	certify that the i t I am an officer rs in Block 10 o	nformation or director r Block 11 if	

SIGNATURE: