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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55052762

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036266

1. Entity Name
MASK SALES CORP.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
2520 SW 22ST	SAME
Suite, Apt. #, etc.: 265	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33145 Country: DADE	Zip Country

4. FEI Number: 65-1159884 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ALBERT ROSSNER

Street Address (P.O. Box Number is Not Acceptable): 2520 SW 22 ST #265

City: MIAMI FL Zip Code: 33145

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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-S-T
NAME	ALBERT ROSSNER
STREET ADDRESS	2520 SW 22 ST #265
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	V.P
NAME	C.H BOCCHECIANP
STREET ADDRESS	2520 SW 22ST #265
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT ROSSNER - PRES 7-1-03 (305) 213-4724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 8/26