


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 SEP 12 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000036266**

1. Entity Name
MASK Sales Corp



DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	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 _____ (NOTE: Registered Agent signature required when reelecting) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$350.00
Amended UBR is \$81.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P.S.T CH BOCCHETTIAMP 2520 SW 22 ST #265 MIAMI, FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 either I am empowered.

SIGNATURE  **9-10-03 (395) 213-4724**

Signature and Title or Printed Name of Signing Officer or Director Date Daytime Phone #

CR030345 (12/02)

7/12