## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 1010000 26/6 MAS Kitchen & Bath, Inc. 02 OCT 17 PH 12: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 4627 Ponce Deleon Vante Ov 1601 Cu Mess Suite, Apt. #, Vid Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE city & State Orall Galdes Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DO NOT WRITE IN THIS SPACE 4627 Ponce Delean Blud. Coval Galdos 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. ed agoni and this if applicable January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS President UTU 300008546503 TITLE CR2E034B (12/01 Michael Sharf 10/23/02--01003--018 \*\*150.00 NAME lbollymess Pointe Onve STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP and Sorno CITY-ST-7P THUE TITLE R. Dans NAME NAME Milli2 Avenue STREET ADDRESS STREET-ADDRESS 33071 CITY+ST-7IP CITY-ST-ZIP ШĻ TITLE .\* NAME - Natai-STREET ADDRESS STREET-ADDRESS DO NOT WRITE CITY - ST-ZIF CITY-ST-ZIP TER E IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY ST. AP 3.161 THE NAME NAME STREET AUDINESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE me NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7/P CITY-ST-ZIP 13. 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 receptage or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with all other like approximate.

-Michaell Shout

SIGNATURE:

## Management Advisory Services, Inc.

P.O. Box 9172 - Coral Springs, Florida 33075

Ph: (954) 609-7271 Fax: (954) 827-0229 email: MgtAdvise@AOL.com

October 14, 2002

Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

To Whom It May Concern:

I respectfully request reinstatement of my Corporations for the State of Florida. Enclosed please find the reinstatement application and associated fees.

Please note that the Corporations business reports were not filled out and returned on a timely basis due to the following:

- 1 MAS Kitchen and Bath, Inc. forms were not received in the US post box.

  I appreciate your cooperation in noting the changed address for future mailing.
- 2 Management Advisory Services forms were not received at the address indicated. Please note that the office address is located in a complex with a central mail station. Large articles and large volumes of delivered mail are not put in the mail slot due to their restricted size.

I ask that future mailings from your department be sent to the Corporations registered agent, as indicated on the forms.

Thanking you in advance for your assistance in this matter.

Sincerely yours,

Management Advisory Services, Inc. MAS Kitchen & Bath, Inc.

Mixhael L. Sharf

President

cc: Joel Gaulkin, Esq. / Registered Agent