

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90220 003 ***150.00

DOCUMENT # P01000094016

1. Entity Name

THE GOLDMASTER GROUP, INC.

Principal Place of Business

**1129 BOCA COVE LAND
 HIGHLAND BEACH FL 33487**

Mailing Address

**1129 BOCA COVE LAND
 HIGHLAND BEACH FL 33487**

80080948



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4400 N. Federal Hwy

Suite, Apt. #, etc.

210

City & State

Boca Raton FL

3. Mailing Address

4400 N. Federal Hwy

Suite, Apt. #, etc.

210

City & State

Boca Raton FL

4. FEI Number

65-114208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UFRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI FL 33145

7. Name and Address of New Registered Agent

Don Jacobson

Street Address (P.O. Box Number is Not Acceptable)

4400 N. Federal Hwy

Suite 24

City

Boca Raton

FL

Zip Code

33431

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.

SIGNATURE

Michael F. Masterman, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
 NAME **MASTERMAN, MICHAEL F**
 STREET ADDRESS **1129 BOCA COVE LAND**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE **SVD** ☐ Delete
 NAME **GOLDSTEIN, DAVID A**
 STREET ADDRESS **1129 BOCA COVE LAND**
 CITY-ST-ZIP **HIGHLAND BEACH FL 33487**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
 NAME **Masterman, Michael F**
 STREET ADDRESS **4400 N. Federal Hwy., Suite 210**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **SVD** ☒ Change ☐ Addition
 NAME **Goldstein, David A**
 STREET ADDRESS **4400 N. Federal Hwy., Suite 210**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael F. Masterman, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)