

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90045 047 \*\*\*150.00

**DOCUMENT # P01000103398**

**1. Entity Name**  
**MASS APPEAL, INC.**

**Principal Place of Business**

**319 CONNECTICUT ST  
HOLLYWOOD FL 33019**

**Mailing Address**

**319 CONNECTICUT ST  
HOLLYWOOD FL 33019**

**2. Principal Place of Business**

**3. Mailing Address**

**19705 NW 2nd Ave**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

**City & State**

**Miami FL**

**City & State**

**Miami FL**

**Zip 33169**

**Country Miami, Florida**

**Zip**

**Country**

**4. FEI Number**

☒ **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LAMPERT, JEFFREY B  
590 ROYAL PALM BCH BLVD  
ROYAL PALM BCH FL 33411**

**Name**

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

**City**

**FL**

**Zip Code**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE D**  
**NAME MARTANO, MARC S**  
**STREET ADDRESS 319 CONNECTICUT ST**  
**CITY-ST-ZIP HOLLYWOOD FL 33019**

☐ **Delete**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ **Change** ☐ **Addition**

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**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:**

**MARC S MARTANO**

**4/26/02 (954) 927-5538**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)