

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000116743

FILED
Mar 14, 2002 8:00 AM
Secretary of State

Entity Name: MASEDA & ORR, INC.

Current Principal Place of Business:

4545 N MICHIGAN AVE
N MIAMI BEACH, FL 33140

New Principal Place of Business:

4555 N MICHIGAN AVE
MIAMI BEACH, FL 33140 US

Current Mailing Address:

4545 N MICHIGAN AVE
N MIAMI BEACH, FL 33140

New Mailing Address:

4555 N MICHIGAN AVE
MIAMI BEACH, FL 33140 US

FEI Number: 01-0564731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRESPO, MANUEL L ESQ
2701 PONCE DE LEON BLVD
CORAL GABLES, FL US

Name and Address of New Registered Agent:

CRESPO, MANUEL L ESQ
2701 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 US

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:

03/14/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ORR, JOE A
Address: 4545 N MICHIGAN AVE
City-St-Zip: N MIAMI BEACH, FL 33140

Title: DV () Delete
Name: MASEDA, MAGIN
Address: 4545 N MICHIGAN AVE
City-St-Zip: N MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ORR, JOE A
Address: 4555 N MICHIGAN AVE
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: DV (X) Change () Addition
Name: MASEDA, MAGIN
Address: 4555 N MICHIGAN AVE
City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE A. ORR

DP

03/14/2002

Electronic Signature of Signing Officer or Director

Date