

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90110 021 ***150.00

DOCUMENT # P01000120738

1. Entity Name
M/A/S CAPITAL CORP.



Principal Place of Business
**220 SUNRISE AVE., STE. 206
PALM BEACH FL 33480**

Mailing Address
**220 SUNRISE AVE., STE. 206
PALM BEACH FL 33480**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **30-0025364**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAFFE, ROBERT M
220 SUNRISE AVE., STE. 206
PALM BEACH FL 33480**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **JAFFE, ROBERT M**
STREET ADDRESS **333 SUNSET AVE., APT 701**
CITY-ST-ZIP **PALM BEACH FL 33480**

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

TITLE **D** ☐ Delete
NAME **JAFFE, ELLEN S**
STREET ADDRESS **47 SYLVAN LN**
CITY-ST-ZIP **WESTON MA 02493**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **333 Sunset Ave. Apt. 701**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE **D** ☐ Delete
NAME **JAFFE, MICHAEL S**
STREET ADDRESS **305 SECOND AVE., APT. 516**
CITY-ST-ZIP **NEW YORK NY 10003**

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

TITLE **D** ☐ Delete
NAME **JAFFE, ANDREW N**
STREET ADDRESS **755 BOYLSTON ST., APT. 401**
CITY-ST-ZIP **BOSTON MA 02116**

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

TITLE **D** ☐ Delete
NAME **JAFFE, STEVEN C**
STREET ADDRESS **285 LAFAYETTE ST**
CITY-ST-ZIP **NEW YORK NY 10003**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03
Date

561-655-8668
Daytime Phone #

CR2E034 (10/02)