FILED Samuel Secretary of State

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CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0200005285 1. Entity Name MASTER PROPERTIES, INC.					04-07-2003 90202 048 ***150.00		
Principal Place of Business 5700 SOUTHWEST 45TH TERRACE MIAMI FL 33155		Mailing Address 5700 SOUTHWEST 45TH TERRACE MIAMI FL 33155					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State .		City & State			4. FEI Number 04-35881	'37 A	pplied For ot Applicable
Zip	Country	Zip	Country	= _m_	5. Certificate of Status Desired	\$8.75 Ad	ditional ed
	6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New R	egistered Agent	
			N	Name			
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.			s	Street Address (P.O. Box Number is Not Acceptable)			
4TH FLO							
MIAMI FL	.' %			City		FL Zip Cod	ie
8 The above	named entity submits this statement	for the number of changing	its registered o	ffice or register			and accent
SIGNATURE F Afte	Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.06 k Payable to Florida Department	•	NOTE: Registered Age	ent signature required	when reinstating) 9. Election Campaign Fin Trust Fund Contribution	DATE sancing \$5.0	00 May Be
10.	OFFICERS AN	O DIRECTORS ,	11,		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP.	PTD CUERVO, CARLOS E 5700 SOUTHWEST 45TH TERR MIAMI FL 33155	☐ Delete	TITLE NAME STREET AL CITY-ST-			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PATTERSON-CUERVO, GLORIA 5700 SOUTHWEST 45TH TERR MIAMI FL 33155	☐ Delete	TITLE NAME STREET AL CITY-ST-			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC CITY-ST-2		·	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET AD CITY-ST-2			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AD CITY-ST-2		i	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET AD CITY-ST-2	ZIP	nine 110 D7/OVS) Florido Como de	☐ Change	Addition
· · · · · · · · · · · · · · · · · · ·	certify that the information supplied wi	or one ming <u>upre</u> gnot quality	TOLUTE EVERIBL	on stated in 38	onon malyriajni, fionua alaibles. I	normal control tractile (CHOLLIGATION

indicated on this report or supplemental report is true and accordate and that my signature shall have the same legal effect as if made under oath; that if 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. THE RICARIOSDE. CUERVO

3055620315

SIGNATURE:

TE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR