

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91457 039 ***150.00

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DOCUMENT # P02000027613

1. Entity Name
MAS ACCOUNTING & TAXES, INC



Principal Place of Business
**2754 W ATLANTIC BLVD
SUITE 1
POMPANO BEACH FL 33069
US**

Mailing Address
**2754 W ATLANTIC BLVD
SUITE 1
POMPANO BEACH FL 33069
US**



2. Principal Place of Business

3801 NORTH PETERMAN HWY 3800 N PETA HWY

3. Mailing Address

3801 NORTH PETERMAN HWY 3800 N PETA HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
POMPANO BEACH FL

City & State
POMPANO BEACH FL

4. FEI Number
75-3021970

Applied For
☐ Not Applicable

Zip
33064

Country
USA

Zip
33064

Country

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

**SINGH, MARK
2754 W ATLANTIC BLVD
SUITE 1
POMPANO BEACH FL 33069**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SINGH, MARK
2754 W ATLANTIC BLVD, SUITE 1
POMPANO BEACH FL 33069**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: **MARK SINGH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/29/03** Daytime Phone #: **954-941-5667**

CR2E034 (10/02)