

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90108 039 ***158.75

DOCUMENT # P02000044814

1. Entity Name
MASTER PRODUCTS - USA, INC.



Principal Place of Business
%GASTON SCHNEIDER
2345 NE 199 ST
N MIAMI BEACH FL 33180

Mailing Address
%GASTON SCHNEIDER
2345 NE 199 ST
N MIAMI BEACH FL 33180

2. Principal Place of Business
9350 W. Commercial Blvd
Suite, Apt. #, etc.

3. Mailing Address
(SAME)
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Sunrise, FL

City & State

4. FEI Number
03-0444608

Applied For
Not Applicable

Zip
33351

Country
USA

Zip

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

SANTIAGO, AGUSTO
155 S MIAMI AVE, PH 1B
MIAMI FL 33130

Name **Augusto F. Santiago**
Street Address (P.O. Box Number is Not Acceptable) **25 S.E. 2nd Ave, Suite 714**
City **MIAMI** **FL** **Zip Code** **33131**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SOLOWIECZYK, FABIAN	
STREET ADDRESS	2345 NE 199	
CITY-ST-ZIP	N MIAMI BEACH FL 33180	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SOLOWIECZYK, GABRIEL	
STREET ADDRESS	2345 NE 199	
CITY-ST-ZIP	N MIAMI BEACH FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOWIECZYK, Fabian	
STREET ADDRESS	1351 N.E. MIAMI GARDENS DR, #1625	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOWIECZYK, GABRIEL	
STREET ADDRESS	1351 N.E. MIAMI GARDENS DR, #1625-E	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/19/2003 **(786) 286-3232**
Date **Daytime Phone #**

CR2E034 (10/02)