

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90013 045 ***158.75

DOCUMENT # P02000049517

1. Entity Name
MASTERMIND DEVELOPMENT CORPORATION



Principal Place of Business
**2450 NE MIAMI GARDENS DRIVE
2ND FLOOR
NO. MIAMI BEACH FL 33180**

Mailing Address
**2450 NE MIAMI GARDENS DRIVE
2ND FLOOR
NO. MIAMI BEACH FL 33180**

2. Principal Place of Business
16950 NE 35 AVE
Suite, Apt. #, etc.

3. Mailing Address
16950 NE 35 AVE
Suite, Apt. #, etc.

City & State
North Miami Beach, FL
Zip
33160
Country
USA

City & State
North Miami Beach, FL
Zip
33160
Country
USA

4. FEI Number
01-0551025

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SUPRASKI, LOUIS A
2450 NE MIAMI GARDENS DRIVE
SECOND FLOOR
NORTH MIAMI BEACH FL 33180**

7. Name and Address of New Registered Agent

Name **Daniel Sorogon**
Street Address (P.O. Box Number is Not Acceptable)
34 NW 168 Street
City **NORTH MIAMI BEACH FL** Zip Code **33169**

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)

4/9/03
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

TITLE **D** ☐ Delete
NAME **SOROGON, DANIEL**
STREET ADDRESS **16950 NE 35 AVENUE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33169**

TITLE **DREN, YAIR** ☐ Delete
NAME **DREN, YAIR**
STREET ADDRESS **9601 Collins Ave PH 404**
CITY-ST-ZIP **Miami Beach, FL 33154**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DREN, YAIR** ☐ Change ☒ Addition
NAME **DREN, YAIR**
STREET ADDRESS **9601 Collins Ave PH 404**
CITY-ST-ZIP **Miami Beach, FL 33154**

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

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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

4/9/03 **305-945-1127**
305-653-0212
Date Daytime Phone #

CR2E034 (10/02)