


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-03-2003 90100 016 ***158.75

DOCUMENT # P02000076421

1. Entity Name
W.R. MASTER PROMOTIONS CORPORATION



Principal Place of Business
**7031 GRAND NATIONAL DR STE 109
ORLANDO FL 32819**

Mailing Address
**7031 GRAND NATIONAL DR STE 109
ORLANDO FL 32819**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number
56-2284011

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
**ZSELINSKY, WILLIAMS
7031 GRAND NATIONAL DR STE 109
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name
Rodrigo MARTIN

Street Address (P.O. Box Number is Not Acceptable)
7031 GRAND NATIONAL DR STE 109

City **ORLANDO** FL Zip Code **32819**

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]* (NOTE: Registered Agent signature required when reinstating)

DATE **01-10-03**

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 | <input type="checkbox"/> Delete |
| NAME | MARTIN, RODRIGO | |
| STREET ADDRESS | 7031 GRAND NATIONAL DR STE 109 | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | ZSELINSKY, WILLIAMS | |
| STREET ADDRESS | 7031 GRAND NATIONAL DR STE 109 | |
| CITY-ST-ZIP | ORLANDO FL 32819 | |
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------------|--|
| 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 | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mariza J Castro | |
| STREET ADDRESS | 5261 WATER VISTA DR. | |
| CITY-ST-ZIP | ORLANDO FL 32821 | |
| TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gabriela de Castro Martins | |
| STREET ADDRESS | 5261 WATER VISTA DR. | |
| CITY-ST-ZIP | ORLANDO FL 32821 | |
| 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]* **SIGNATURE REQUIRED** DATE: **01-10-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)