

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90070 043 ***150.00

DOCUMENT # P02000106729

1. Entity Name
MASISTA, INC.



Principal Place of Business

~~3260 NW 15TH COURT~~
~~PEMBROKE PINES FL 33024~~

Mailing Address

~~3260 NW 15TH COURT~~
~~PEMBROKE PINES FL 33024~~

2. Principal Place of Business

520 SW 111th Ave,
Suite, Apt. #, etc.
103

3. Mailing Address

520 SW 111th Ave
Suite, Apt. #, etc.
103

City & State
PEMBROKE PINES, FL

City & State
PEMBROKE PINES, FL

Zip
33025

Country
USA

Zip
33025

Country
USA

4. FEI Number
54-2077459

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

GUZMAN, AVA

~~9260 NW 15TH COURT~~

~~PEMBROKE PINES FL 33024~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

520 SW 111th Ave

Apt 103

City **PEMBROKE PINES**

FL

Zip Code
33025

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

TITLE **PD** ☐ Delete
NAME **CHRISTIAN, CHRISTINA**
STREET ADDRESS ~~9260 NW 15TH COURT~~
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **520 SW 111th Ave, Apt 103**
CITY-ST-ZIP **PEMBROKE PINES, FL 33025**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Christina Christian**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/27/02** Daytime Phone # **904-433-5443**

CR2E034 (10/02)