

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90369 031 ***150.00

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1. Entity Name
MASK MEDIA CORPORATION



Principal Place of Business
8290 LAKE DRIVE APT 540 450
MIAMI FL 33166

Mailing Address
8290 LAKE DRIVE APT 540 450
MIAMI FL 33166

2. Principal Place of Business
8290 LAKE DRIVE

3. Mailing Address
8290 LAKE DRIVE

Suite, Apt. #, etc.
Apt. 450

Suite, Apt. #, etc.
Apt. 450

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33166

Country
MIAMI-DADE

4. FEI Number
42-1561892

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

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name **NESTOR CHEMI**
Street Address (P.O. Box Number is Not Acceptable)
8290 LAKE DRIVE - Apt. 450
City **MIAMI** FL Zip Code **33166**

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 Nestor E. Chemi (President) DATE 04/25/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PST	<input checked="" type="checkbox"/> Delete
NAME	CHEMI, NESTOR	
STREET ADDRESS	8290 LAKE DRIVE APT 540 450	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VIVEROS, NATHALIA	
STREET ADDRESS	8290 LAKE DRIVE APT 540 450	
CITY-ST-ZIP	MIAMI FL 33166	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEMI, NESTOR	
STREET ADDRESS	8290 LAKE DRIVE APT 450	
CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVEROS, NATHALIA	
STREET ADDRESS	8290 LAKE DRIVE APT 450	
CITY-ST-ZIP	MIAMI, FL. 33166	
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: Nestor E. Chemi (President) DATE: 04/25/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)