

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91453 018 ***150.00

DOCUMENT # P02000120871

1. Entity Name

MASTER DOT INC.



Principal Place of Business

**825 E LAS OLAS BLVD
FT LAUDERDALE FL 33301**

Mailing Address

**825 E LAS OLAS BLVD
FT LAUDERDALE FL 33301**

2. Principal Place of Business

2421 NE 11ST #3

Suite, Apt. #, etc.

3. Mailing Address

2421 NE 11ST #3

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

FT LAUDERDALE FL 33301

City & State

FT LAUDERDALE FL

4. FEI Number

56-2308254

Applied For

☐ Not Applicable

Zip

Country

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

**LEIBOWITZ, JERRY D
3181 W HALLANDALE BEACH BLVD #404
PEMBROKE PARK FL 33009**

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Pres ROSEN GRAMATIKOS** ☐ Delete
NAME
STREET ADDRESS **2421 NE 11th St. apt. 3**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33304**

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

TITLE **VP EVDOKIYA GRAMATIKEVA** ☐ Delete
NAME
STREET ADDRESS **2421 NE 11th St. apt. 3**
CITY-ST-ZIP **FT. LAUDERDALE 33304**

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29th, 2003 954-5602458
Date Daytime Phone #

CR2E034 (10/02)