

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90188 036 ***150.00

0006088 AT

DOCUMENT # P02000130461

1. Entity Name

MASTER-MICRO, CORP.



Principal Place of Business

2500 SW 107TH AVENUE SUITE 49
MIAMI FL 33165

Mailing Address

2500 SW 107TH AVENUE SUITE 49
MIAMI FL 33165

2. Principal Place of Business

11402 NW 41 ST

3. Mailing Address

11402 NW 41 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

211

211

City & State

Miami FL

City & State

MIAMI FL

Zip

33178

Country

US

Zip

33178

Country

US

4. FEI Number

01-0763395

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

ORTA, KEYLA

2500 SW 107TH AVENUE SUITE 49

MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

ORTA KeyLA

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

11402 NW 41 Street suite 211

City

Miami

FL

Zip Code

33178

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 ORTA, KEYLA
STREET ADDRESS 2500 SW 107TH AVENUE SUITE 49
CITY-ST-ZIP MIAMI FL 33165

TITLE TD ☒ Delete

NAME MARTINEZ, DORYS
STREET ADDRESS 2500 SW 107TH AVENUE SUITE 49
CITY-ST-ZIP MIAMI FL 33165

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

305 4702429

Daytime Phone #

CR2E034 (10/02)