

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90540 002 ***150.00

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DOCUMENT # P02000132674

1. Entity Name
MASIRO CAPITAL MARKETS, INC.



Principal Place of Business
**907 PADDOCK BLUC DR #104
BRANDON FL 33511**

Mailing Address
**907 PADDOCK BLUC DR #104
BRANDON FL 33511**



2. Principal Place of Business
907 PADDOCK CLUB DR

3. Mailing Address
907 PADDOCK CLUB DR.

Suite, Apt. #, etc.
#104

Suite, Apt. #, etc.
#104

City & State
BRANDON FL

City & State
BRANDON FL

4. FEI Number
65-1164774

Applied For
Not Applicable

Zip Country
33511 U.S.

Zip Country
33511 U.S.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOLTER, RUSSELL W
907 PADDOCK BLUC DR #104
BRANDON FL 33511**

Name
Street Address (P.O. Box Number is Not Acceptable)
**907 PADDOCK CLUB DR.
#104
BRANDON FL 33511**

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 **Russell Wolter**

DATE **2/5/03**

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 ☐ Delete
NAME **D**
STREET ADDRESS **WOLTER, RUSSELL**
CITY-ST-ZIP **907 PADDOCK BLUC DR #104
BRANDON FL 33511**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **907 PADDOCK CLUB DR. #104**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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: **Russell Wolter** **SQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **2/5/03**

DAYTIME PHONE # **813.689.8836**

DATE

DAYTIME PHONE #

CR2E034 (10/02)