

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90182 021 ***158.75

DOCUMENT # P92000004756

1. Entity Name
M.A.S.C. INSURANCE SERVICES, INC.

Principal Place of Business

**15482 SW 42 LANE
 MIAMI FL 33185
 US**

Mailing Address

**15482 SW 42 LANE
 MIAMI FL 33185
 US**

2. Principal Place of Business

5312 SW 152 CT
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33185

Country

DADE

Zip

33185

Country

US

4. FEI Number

65-0370992

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CHATTERJEE, SUMIT
 15482 SW 42 LANE
 MIAMI FL 33185**

7. Name and Address of New Registered Agent

Name

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

5312 SW 152 CT

City

MIAMI

FL

Zip Code

33185

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.

SIGNATURE

Sumit Chatterjee

SUMIT CHATTERJEE

4/25/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **CHATTERJEE, SUMIT**
 STREET ADDRESS **15482 SW 42 LANE**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE **V** ☐ Delete
 NAME **CHATTERJEE, MIREYA**
 STREET ADDRESS **15482 SW 42 LANE**
 CITY-ST-ZIP **MIAMI FL 33185**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5312 SW 152 CT.**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5312 SW 152 CT**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sumit Chatterjee

SUMIT CHATTERJEE

4/25/02

(305)

559-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)