

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000010842

1. Entity Name

M.A.S. ENTERPRISES, INC.

Principal Place of Business

2591 E OCEAN BLVD  
STUART FL 34996  
US

Mailing Address

1477 SE COLCHESTER  
8000 SOUTH U.S. HIGHWAY 1 SUITE 303  
PORT SAINT LUCIE FL 34952  
US

2. Principal Place of Business

3. Mailing Address

1477 SE Colchester Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port St Lucie FL

Zip

Country

Zip

Country

34952

4. FEI Number

65-0389225

Applied For

Not Applicable

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

GURSEL, SERDAR S  
1477 SOUTHEAST COLCHERSTER CIRCLE  
PORT ST. LUCIE FL 34952

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.

SIGNATURE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete  
NAME GURSEL, SERDAR S  
STREET ADDRESS 1477 SOUTHEAST COLCHESTER CIRCLE  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*Serdar S. Gursel* SERDAR. S. GURSEL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

561-2861044

Daytime Phone #

0562159

CR2E034 (10/00)

FILED  
Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90062 032 \*\*\*150.00

961568



DO NOT WRITE IN THIS SPACE