

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90107 002 \*\*\*150.00

**DOCUMENT # P93000016290**

1. Entity Name  
**MASON INVESTMENTS, INC.**

Principal Place of Business

**TWO ALHAMBRA PLAZA  
 STE 1200  
 CORAL GABLES FL 33134  
 US**

Mailing Address

**TWO ALHAMBRA PLAZA  
 STE 1200  
 CORAL GABLES FL 33134  
 US**



2. Principal Place of Business

**2333 Ponce de Leon Blvd.**

Suite, Apt. #, etc.

**R200**

City & State

**Coral Gables, FL**

Zip

**33134**

Country

**USA Miami-Dade**

3. Mailing Address

**2333 Ponce de Leon Blvd.**

Suite, Apt. #, etc.

**R200**

City & State

**Coral Gables, FL**

Zip

**33134**

Country

**USA Miami-Dade**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0398620**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

**MASON, ALFREDO  
 6485 SW 106TH STREET  
 MIAMI FL 33156**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MASON, ALFREDO</b>	
STREET ADDRESS	<b>6485 S W 106TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33156</b>	
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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:

**(SIGNATURE REQUIRED)**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/02 (205) 779-7676**

CR2E034 (9/01)