

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037158

1. Entity Name

M A S COMPUTER CONSULTANTS, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90262 042 \*\*\*150.00

Principal Place of Business

Mailing Address

9250 W ATLANTIC BLVD  
SUITE 933  
CORAL SPRINGS FL 33071  
US

P O BOX 771015  
CORAL SPRINGS FL 33077-1015  
US

2. Principal Place of Business

6307 Silk Oak Circle

3. Mailing Address

P.O. Box 190339

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tamarac FL

City & State

Ft Lauderdale, FL

4. FEI Number

65-0414264

Applied For

Not Applicable

Zip

33319

Country

US

Zip

33319-0339

Country

US

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

NORMAN MARCUS, P.A.  
8181 W. BROWARD BLVD.  
SUITE 300  
PLANTATION FL 33324

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, 2000 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 PST  
NAME STUDELL, MONROE  
STREET ADDRESS 9250 W ATLANTIC BLVD  
CITY-ST-ZIP CORAL SPRINGS FL

☐ Delete

TITLE PST  
NAME STUDELL, MONROE  
STREET ADDRESS 6307 Silk Oak Circle  
CITY-ST-ZIP Tamarac, FL 33319

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Monroe Studell

4/28/2000

954-730-0330

Date

Daytime Phone #

CR2E034 (9/99)