2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State
02-05-2000 90014 016 ***150.00

DOCUMENT # P93000065537

1. Entity Name

MASSA COMPUTER CORP.

Principal Place of Business	Mailing Address
3000 N. UNIVERSITY DR. SUITE A CORAL SPRINGS FL 33065 US	9977 WESTVIEW DRIVE #110 CORAL SPRINGS FL 33076-3518 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5051 Northwest 119th Terrace	5051 Northwest 119th Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, Florida	City & State: Coral Springs, Florida
Zip: 33076 Country:	Zip: 33076 Country:

4. FEI Number 11-2936157 ☐ 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
MASSA, MICHAEL T 9977 WESTVIEW DR #110 CORAL SPRINGS FL 33076	Name: Massa, Michael T. Street Address (P.O. Box Number is Not Acceptable): 5051 Northwest 119th Terrace City: Coral Springs FL Zip Code: 33076

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]
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 NAME STREET ADDRESS CITY-ST-ZIP	P MASSA, MICHAEL T 9977 WESTVIEW DR., #110 CORAL SPRINGS FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 5051 Northwest 119th Terrace Coral Springs, Florida 33076	☒ Change ☐ Addition
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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 1/27/00 954-344-4447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #