2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000017492 MAS FORKLIFT & PARTS, INC. Principal Place of Business Mailing Address 8570 N.W. 56TH ST. 8570 N.W. 56TH ST. MIAMI FL 33166-3329 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90101 004 ***150.00



			City	F	Zip Co	de
8. The above	named entity submits this statement for the	e purpose of changing its	registered office or registered a	igent, or both, in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent and ti	itle if applicable (NOTE	E: Registered Agent signature required when	reinstating) DATE	E	
Tax filing requirement and elects to do so. After MAY		After MAY 1, 200	!!! FEE IS \$150.00 100 Fee will be \$550.00 ple to Department of State	10. Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees
11.	OFFICERS AND DIR	ECTORS	12. A	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MAS, LUIS 8570 N.W. 56TH ST. MIAMI FL 33166	☐ Delete	TÍTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change	Addition

Country

Name

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 supplied entail 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 justee 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

City & State

MAS, LUIS

8570 N.W. 56TH ST. **MIAMI FL 33166**

Country

6. Name and Address of Current Registered Agent

Zip

SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)