## FOR PROFIT CORPORATION

**UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # P94

1. Entity Name

MASTERMARK ENTERPRISES, INC.



## **FILED** Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90114 017 \*\*\*150.00

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	DO NOT WRIT	E IN THIS	SPAC	E		. 200	)	9	
2. Principal Place of Business 3. Mailing A			ddress			70036583			
2000 NW 16TH STREET		2000 NW 16TH STREET			_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL		4. FE	Number 5 - 05 59013		Applied For Not Applicable		
Zip 33069	Country US	Zip 33069	Coun US	try	<b>5</b> . Ce	rtificate of Status Desired		8.75 Additional ee Required	
	ggandines i seus grandes debut d'années de gant des com- communes de la grande de la grande de gant de				7. Nam	e and Address of Current	Registered	Agent	
			Property and American Section of American	Name SHERVIN BIEDERMAN					
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)					
' IN THIS SPACE									
					861 D	ENOEU ROAD		<del></del>	
ender and Charles	The second se	and the significant of the signi	find the commence of the			BEACH,	FL	Zip Code 33437	
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. I am familiar with, and accept the obligations of registered agent.									
line Obligat	ions of registry diagrams						,		
SIGNATURE (NOTE: Registered Agent signature required when reinstating)  4/7/07  DATE									
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State						Election Campaign Fina Trust Fund Contribution	~ —	\$5.00 May Be Added to Fees	
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12. I hereby c	ertify that the information supplied wi	ith this filing does not qual	lify for the exen	nption stated in Se	ection:119	.07(3)(i), Florida Statutes. H	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 officer or director of the corporation or the receiver or trustee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all of

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR