

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90114 017 \*\*\*150.00

DOCUMENT # *P94000041923*

1. Entity Name

MASTERMARK ENTERPRISES, INC.



**DO NOT WRITE IN THIS SPACE**

**70036583**

2. Principal Place of Business  
2000 NW 16TH STREET  
Suite, Apt. #, etc.

3. Mailing Address  
2000 NW 16TH STREET  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
POMPANO BEACH, FL

City & State  
POMPANO BEACH, FL

4. FEI Number  
*65-0559013*

Applied For  
Not Applicable

Zip  
33069

Country  
US

Zip  
33069

Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
SHERVIN BIEDERMAN

Street Address (P.O. Box Number is Not Acceptable)

10861 DENOEU ROAD

City  
POMPANO 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.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/7/03*  
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

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
LISE BIEDERMAN  
10861 DENOEU ROAD  
BOYNTON BEACH, FL 33437

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP - SHERVIN BIEDERMAN  
10861 DENOEU ROAD  
BOYNTON BEACH, FL 33437

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/7/03*  
Date

*(954) 984-0100*  
Daytime Phone #

CR2E034B (12/02)