

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90068 018 \*\*\*150.00

**DOCUMENT # P94000080756**

1. Entity Name  
**MASTER IRRIGATION, INC.**

Principal Place of Business 7400 W 20 AVE #403 MIAMI LAKES FL 33016 US	Mailing Address P.O. BOX 4694 MIAMI LAKES FL 33014 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5110 Sw 166 Ave</b>	3. Mailing Address <b>5110 Sw 166 Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Ft. Lauderdale</b>	City & State <b>Ft. Lauderdale</b>	4. FEI Number <b>65-0535020</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33331</b>	Country <b>Broward</b>	Zip <b>33331</b>	Country <b>Broward</b>

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

6. Name and Address of Current Registered Agent  
**RODNEY D. LOGAN, P.A.**  
**100 SE 2ND ST**  
**21ST FLOOR**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name: **Jeannie Martinez**  
 Street Address (P.O. Box Number is Not Acceptable): **5110 Sw 166 Ave**  
 City: **Ft. Lauderdale** FL Zip Code: **33331**

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: **Jeannie Martinez**

DATE: **4/14/01**

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, 2001 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP PIEDRA, OMAR 7400 W 20 AVE., #403 MIAMI LAKES FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV MARTINEZ, JEANNIE 7400 W 20 AVE #403 MIAMI LAKES FL</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP Piedra, Omar 5110 Sw 166 Ave Ft. Lauderdale FL 33331</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV martinez, Jeannie 5110 Sw 166 Ave Ft. Lauderdale FL 33331</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: **OMAR PIEDRA**

Date: **4/14/01**

Daytime Phone #: **(305) 823-0888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (10/00)