

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000399

1. Entity Name

MASTER MOTOR COMPANY, INC.

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90102 001 \*\*\*300.00

Principal Place of Business

Mailing Address

701 SW 27 AVE  
FT. LAUDERDALE FL 33312

7740 NW 47TH ST  
FT. LAUDERDALE FL 33351-5722

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0560647**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**KHAN, MUNIR A**  
**7740 NW 47TH ST**  
**FT. LAUDERDALE FL 33351**

Name

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

City

**FL**

Zip Code

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, 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	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>KHAN, ALMAS</b>	
STREET ADDRESS	<b>7740 NW 47 ST</b>	
CITY-ST-ZIP	<b>LAUDERHILL FL 33351</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ALMAS, MUNIR</b>	
STREET ADDRESS	<b>701 SW 27 AVENUE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of justice 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 OF KHAN (P9532)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MUNIR A KHAN**

**3/14/00**  
Date

**954-587-5000**  
Daytime Phone #

CR2E034 (9/99)