2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007454 MASTER BUSINESS CORPORATION

Principal Place of Business

ATTN: MARCELO HAIMENIS

7973 NW 21 ST. MIAMI FL 33122

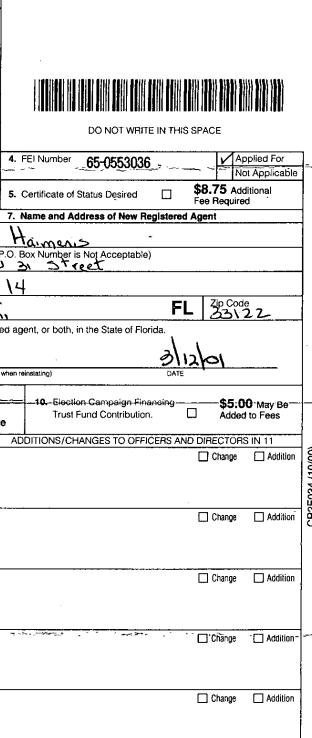
Mailing Address

ATTN: MARCELO HAIMENIS

7973 NW 21 ST. MIAMI FL 33122

FILED Mar 26, 2001 8:00 am Secretary of State

03-26-2001 90026 022 ***150.00



2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. 31 Steet uite Apt. #, etc. 14 City & State ity & State Miami JSA Name and Address of Current Registered Agent BAND, SERGIO Street Address (P.O. Box Number is Not Acceptable) 8274 NW 14 ST MIAMI FL 33126 e purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity hits th SIGNATURE Signature, typed or p stered agent a title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITI F Delete BAND, SERGIO NAME NAME STREET ADDRESS 8274 NW 14 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 TITLE ☐ Delete TITLE HAIMENIS, MARCELO NAME NAME 9782 NW 31ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33172** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 trusted 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 fike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR