

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000005659

1. Entity Name

MASAY ADMINISTRATIVE, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90129 009 ***150.00

Principal Place of Business

Mailing Address

766 EAST 10TH STREET
HIALEAH FL 33010

14905 SW 38 ST
MIAMI FL 33185-3936
US

B0004642



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

766 East 10 St.
Suite, Apt. #, etc.

14905 SW 38 ST
Suite, Apt. #, etc.

City & State

City & State

Hialeah FL
Zip 33010 Country

Miami FL
Zip 33185 Country USA

4. FEI Number

65-0747044

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGULO, ANA M
2151 LEJEUNE ROAD
#310
CORAL GABLES FL 33134

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 D
NAME ALLUP, RICARDO S
STREET ADDRESS 766 EAST 10TH STREET
CITY-ST-ZIP HIALEAH FL 33010 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)