

DOCUMENT # P96000017190

1. Entity Name

MASH ENTERPRISES, INC.

Principal Place of Business

890 East 6 AVE.
HIALEAH, FL 33010

Mailing Address

890 EAST 6 AVE.
HIALEAH, FL 33010

2. Principal Place of Business

1901 NW 190 AVE.

Suite, Apt. #, etc.

3. Mailing Address

1901 NW 190 AVE.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA

Zip

33029

Country

USA

4. FEI Number

65-0643557

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Dominguez, Efrain

11410 N. KENDALL DRIVE #302
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

MASH, WING

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

1901 NW 190 AVE.

City

PEMBROKE PINES,

FL

Zip Code
33029

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)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MASH, TAKY
STREET ADDRESS 8920 NW 8 ST. #204
CITY-ST-ZIP MIAMI, FL 33172

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME MASH, WING
STREET ADDRESS 1901 NW 190 AVE.
CITY-ST-ZIP PEMBROKE PINES, FL 33029

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Addition

TITLE
NAME
STREET ADDRESS
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:

Wing MASH

WING MASH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-01

Date

(954) 443-8257

Daytime Phone #

CR2E034 (11/00)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90170 018 ***150.00

DO NOT WRITE IN THIS SPACE