

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000037577

FILED  
Jan 28, 2002 8:00 AM  
Secretary of State

Entity Name: MASSON PROPERTY SERVICES, INC.

**Current Principal Place of Business:**

7523 SW 95 PLACE  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

7523 SW 95 PLACE  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 65-0666477      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASSON, STEPHEN C  
7523 SW 95 PLACE  
MIAMI, FL 33173      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: MASSON, DONNA  
Address: 7523 SW 95TH PL.  
City-St-Zip: MIAMI, FL 33173

Title: PD ( ) Delete  
Name: MASSON, SUE E  
Address: 7260 SW 107TH TERRACE  
City-St-Zip: PINECREST, FL 33156

Title: STD ( ) Delete  
Name: CUTHBERTSON, MARTHA  
Address: 635 ALLENDALE RD.  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA CUTHBERTSON

STD

01/28/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date