

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90085 017 ***150.00

00074444



DO NOT WRITE IN THIS SPACE

| | | | |
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| DOCUMENT # P96000065719 | | | |
| 1. Entity Name M.S.T. & ASSOCIATES, INC. | | | |
| Principal Place of Business 6644 HOLLANDAIRE DRIVE WEST BOCA RATON FL 33433 | | Mailing Address 6644 HOLLANDAIRE DRIVE WEST BOCA RATON FL 33433-7534 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | 7. Name and Address of New Registered Agent Name <u>Michael Truss</u> Street Address (P.O. Box Number is Not Acceptable) <u>6644 Hollandaire Dr W</u> City <u>Boca Raton</u> <u>FL</u> Zip Code <u>33433</u> | |
| 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 <u>[Signature]</u> DATE <u>4/18/00</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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 | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD TRUSS, MICHAEL S 6644 HOLLANDAIRE DRIVE WEST BOCA RATON FL 33433 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 life empowered. | | | |
| SIGNATURE: <u>[Signature]</u> | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>[Signature]</u> DATE <u>4/18/00</u> Daytime Phone # | |