

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90252 025 ***150.00

DOCUMENT # P97000063659

1. Entity Name
MASARYKTOWN VENTURES, INC.



Principal Place of Business
398 BROAD ST
MASARYTOWN FL 34604
US

Mailing Address
398 BROAD ST
MASARYTOWN FL 34604
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3460912**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~X MUCCIO VINCENT~~
~~X HENDERSON BRV~~
~~X TAMPA FL 33629~~

Name **Luis A. Cabrera**

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

398 Broad Street

City **Masaryktown**

FL

Zip Code **34604**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Luis A. Cabrera*

Luis A. Cabrera

1/17/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME ~~P/T/D~~
STREET ADDRESS ~~PIRATE LANE~~
CITY-ST-ZIP ~~34609~~
~~SPRING HILL FL 34609~~

TITLE ☒ Change ☐ Addition
NAME **P/T/D**
STREET ADDRESS **Luis A. Cabrera**
CITY-ST-ZIP **13094 Pirate Lane**
Spring Hill, FL 34609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **V/S/D**
STREET ADDRESS **Oswaldo Tejeda Gonzalez**
CITY-ST-ZIP **6013 Oslo Avenue**
Spring Hill, FL 34609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Luis A. Cabrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03

Date

Daytime Phone #

CR2F034 (10/02)