## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Sep 17, 2002 8:00 am Secretary of State DOCUMENT # P97000106391 1. Entity Name 🆼 ே 09-17-2002 90088 033 \*\*\*550.00 MASTER FABRICATORS, INC. Principal Place of Business Mailing Address 13055 SW 122 AVE 13055 SW 122 AVE MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For FEI Number 65-0804339 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSALES, HERIBERTO A Street Address (P.O. Box Number is Not Acceptable) 13009 SW 122 AVE MIAMI FL 33186 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing. \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. . Delete TITLE ☐ Change ☐ Addition ROSALES, HERIBERTO A NAME 13009 SW 122 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP VTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROSALES, MAYRA NAME STREET ADDRESS 13009 SW 122 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33186** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

MATTHE RHEMISERTO A. Nossees

13. I hereby certify that the information supplied with this filling 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 trusted 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.

9-12-02

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**FILED**