

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 28 PM 4:01

DOCUMENT # **098000015789**

1. Entity Name

MEXMASTERS HOLLYWOOD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4101 EVANS AVE

3. Mailing Address

4101 EVANS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

FORT MYERS FL

4. FEI Number

650813938

Applied For

Not Applicable

Zip

33901

Country

US

Zip

33901

Country

US

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BRUCE D GREEN

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

1520 ROYAL PALM SQ BLVD #320

City

FT MYERS

FL

Zip Code

33919

**DO NOT WRITE
IN THIS SPACE**

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

(Not for Registered Agent signature required when renewing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MANUEL D Fagundes PTS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**2049 Southeast 17th Court
300005620909-2
Pompano Beach, FL 33062-7619**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DAVID C BROWN D

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**2665 Oak Ridge Court
Fort Myers, FL 33901**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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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)(b), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-02 954-741-7500

Date

Daytime Phone

5/29/02
CP



Resubmit

ACCOUNT NO. : 072100000032

REFERENCE : 597542 5490A

AUTHORIZATION : Patricia Pigato

COST LIMIT : \$ 558.75

ORDER DATE : May 28, 2002

ORDER TIME : 9:27 AM

ORDER NO. : 597542-005

CUSTOMER NO: 5490A

CUSTOMER: Michael Christiansen, Esq
Mastriana & Christiansen
Suite 200
1500 N. Federal Highway
Fort Lauderdale, FL 33304

ANNUAL REPORT FILING

NAME: MEXMASTERS HOLLYWOOD, INC.

RECEIVED
02 MAY 28 AM 10:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carrie Vaught x1134
~~Sara Lea-EXT#1114~~

EXAMINER'S INITIALS: _____