

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034715

1. Entity Name  
MASCINA PAPERHANGING & PAINTING CORP.

R

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90003 003 \*\*\*150.00

Principal Place of Business  
14818 S.W. 108TH TERRACE  
MIAMI FL 33196

Mailing Address  
14818 S.W. 108TH TERRACE  
MIAMI FL 33196

2. Principal Place of Business  
Suite, Apt. #, etc. *Same*

3. Mailing Address  
Suite, Apt. #, etc. *Same*

City & State

City & State

4. FEI Number 65-0832781

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired *NO* \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MASCINA, CLAUDIO  
14818 S.W. 108TH TERRACE  
MIAMI FL 33196

## 7. Name and Address of New Registered Agent

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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          | P                   | <input type="checkbox"/> Delete |
| NAME           | MASCINA, CLAUDIO    |                                 |
| STREET ADDRESS | 14818 SW 108TH TERR |                                 |
| CITY-ST-ZIP    | MIAMI FL 33196      |                                 |
| TITLE          | VT                  | <input type="checkbox"/> Delete |
| NAME           | MAGINA, ANA         |                                 |
| STREET ADDRESS | 14818 SW 108TH AVE  |                                 |
| CITY-ST-ZIP    | MIAMI FL 33196      |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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 like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-00 305-386-7546 Date Daytime Phone #

CR2E034 (5/00)

D0076171

Attachment

P98000034715 7-28-00  
Acct# 65-0832781

MASUNA PAPER HANGING & PAINTING.

To Whom it may  
Concern. I ANA MASUNA  
NEVER Recive The  
UNIFORM Business Report (UBR).  
~~So~~ The First Time  
So I got A second notice  
I called your office  
and They sey ok To  
send \$150.00 This Time.

So I Thank you  
So much

*Ana Masuna*

