

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

FILED
Feb 04, 2005 08:00 AM
Secretary of State

ATX

DOCUMENT #	P98000034715
1. Entity Name	
MASCINA PAPER& HANGING CORP	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
14818 SW 108TH TERRACE		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL		SAME	
Zip	Country	Zip	Country
33196	USA	SAME	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
65-0832781		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CLAUDIO MASCINA
Street Address (P.O. Box Number is Not Acceptable)
14818 SW 108TH TERRACE
City
MIAMI
FL
Zip Code
33196

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11.	
TITLE	P	TITLE	
NAME	CLAUDIO MASCINA	NAME	
STREET ADDRESS	14818 SW 108TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196	CITY-ST-ZIP	
TITLE	VPTS	TITLE	
NAME	ANA MASCINA	NAME	
STREET ADDRESS	14818 SW 108TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLORIDA 33196	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000214281
02/04/05-80006-005 150.00

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2005

Date

305-386-7546

Daytime Phone #