

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000039461

1. Entity Name

MA SOUTH BEACH INVESTMENTS, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90077 039 ***150.00

Principal Place of Business

8286 WESTERN CIRCLE
SUITE C2-B
JACKSONVILLE FL 32256

Mailing Address

8286 WESTERN CIRCLE
SUITE C2-B
JACKSONVILLE FL 32256-8399

2. Principal Place of Business

7751 Belfort PARKWAY
Suite, Apt. #, etc.
Suite 120

3. Mailing Address

7751 Belfort PARKWAY
Suite, Apt. #, etc.
Suite 120



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL ~~32256~~

City & State

JACKSONVILLE, FLORIDA

4. FEI Number

59-3517177

Applied For

Not Applicable

Zip

32256

Country

USA

Zip

32256

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IMPERATO, GABRIEL L ESQUIRE
500 EAST BROWARD BOULEVARD
SUITE 1130
FORT LAUDERDALE FL 33394

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 **D** ☐ Delete
NAME **MASHEK, EDWARD M**
STREET ADDRESS **8286 WESTERN WAY CIRCLE STE C2B**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ Delete
NAME **ANDREWS, LORRAINE**
STREET ADDRESS **8286 WESTERNWAY CIRCLE STE C2B**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7751 BELFORT PARKWAY, Suite 120**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32256**

TITLE ☒ Change ☒ Addition
NAME
STREET ADDRESS **7751 BELFORT PARKWAY, Suite 120**
CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32256**

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

Pre 3/22/00 904-213
5545
Date Daytime Phone #

CR2E034 (9/99)