

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91588 025 ***150.00

DOCUMENT # P98000039461

1. Entity Name
MA SOUTH BEACH INVESTMENTS, INC.

Principal Place of Business **Mailing Address**
7901 BAYMEADOWS WAY STE 1 **7901 BAYMEADOWS WAY STE 1**
JACKSONVILLE FL 32256 **JACKSONVILLE FL 32256**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3517177**

Applied For
Not Applicable

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 Edward R. Mashek, Jr.
Street Address (P.O. Box Number is Not Acceptable) 7901 Baymeadows Way, Suite 1
City Jacksonville **FL** **Zip Code** 32256

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] 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE D ☐ **Delete**
NAME MASHEK, EDWARD M
STREET ADDRESS 7901 BAYMEADOWS WAY STE 1
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ **Delete**
NAME ANDREWS, LORRAINE
STREET ADDRESS 7901 BAYMEADOWS WAY STE 1
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Edward R. Mashek

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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NAME
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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**

Date

Daytime Phone #

CR2E034 (9/01)