

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065212

1. Entity Name  
MASSON PROPERTIES INC.

Principal Place of Business Mailing Address  
3931 OCALA ROAD 3931 OCALA ROAD  
LANTANA FL 33462 LANTANA FL 33462

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 65-0859146 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PINKWASSER, ALAN  
3931 OCALA ROAD  
LANTANA FL 33462

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

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  
Trust Fund Contribution. Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDT  
MASSON, LOUIS  
3931 OCALA ROAD  
LANTANA FL 33462

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPSD  
MASSON, LISA  
3931 OCALA ROAD  
LANTANA FL 33462

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
MASSON, PETER  
4322 FOSS RD  
LANTANA FL 33462

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  
CITY-ST-ZIP

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

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

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

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

TITLE ☐ Change ☐ 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: *For Signature RELOUIS MASSON*

1-5-02 561-967-9157

FILED  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90056 047 \*\*\*150.00

80001954



DO NOT WRITE IN THIS SPACE

CR2034 (9/01)