

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087549

1. Entity Name

MASSIER INVESTMENT, INC.

Principal Place of Business

55 NE 15TH ST  
401  
MIAMI FL 33132

Mailing Address

55 NE 15TH ST  
401  
MIAMI FL 33132

2. Principal Place of Business

555 NE 15TH STR.

3. Mailing Address

555 NE 15TH STR.

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

401

City &amp; State

MIAMI FL

City &amp; State

MIAMI FL

Zip

33132

Country

FL/USA

Zip

33132

Country

FL/USA

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90017 046 \*\*\*150.00

015561\*



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0938219**  Applied For  
 Not Applicable5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASSIER, MATTHIAS  
3291 S.W. 38TH COURT  
CORAL GABLES FL 33146

Name

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

FL Zip Code

City

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.

3/28/01

DATE

(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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (10/00)

|                |                       |                                 |                |   |
|----------------|-----------------------|---------------------------------|----------------|---|
| TITLE          | D                     | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MASSIER, MATTHIAS     |                                 | NAME           |   |
| STREET ADDRESS | 3291 S.W. 38TH COURT  |                                 | STREET ADDRESS |   |
| CITY-ST-ZIP    | CORAL GABLES FL 33146 |                                 | CITY-ST-ZIP    |   |
| TITLE          |                       | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                 | NAME           |   |
| STREET ADDRESS |                       |                                 | STREET ADDRESS |   |
| CITY-ST-ZIP    |                       |                                 | CITY-ST-ZIP    |   |
| TITLE          |                       | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                 | NAME           |   |
| STREET ADDRESS |                       |                                 | STREET ADDRESS |   |
| CITY-ST-ZIP    |                       |                                 | CITY-ST-ZIP    |   |
| TITLE          |                       | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                 | NAME           |   |
| STREET ADDRESS |                       |                                 | STREET ADDRESS |   |
| CITY-ST-ZIP    |                       |                                 | CITY-ST-ZIP    |   |
| TITLE          |                       | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                 | NAME           |   |
| STREET ADDRESS |                       |                                 | STREET ADDRESS |   |
| CITY-ST-ZIP    |                       |                                 | CITY-ST-ZIP    |   |
| TITLE          |                       | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |                                 | NAME           |   |
| STREET ADDRESS |                       |                                 | STREET ADDRESS |   |
| CITY-ST-ZIP    |                       |                                 | 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 reports 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 another like empowered.

SIGNATURE:

Matthias Massier 3/28/01

01-49-721856156

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date