

P98000094811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

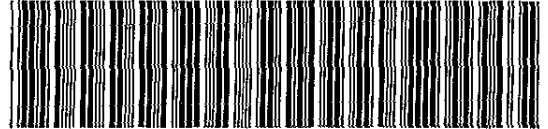
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 SEP 29 PM 2:55
TALLAHASSEE, FLORIDA

RA / RO Change
1a 10/7/03

LAW OFFICES

SAMUEL R. DANZIGER

PROFESSIONAL ASSOCIATION
6701 SUNSET DRIVE
SUITE #104
MIAMI, FLORIDA 33143
TELEPHONE: (305) 661-7211
FACSIMILE: (305) 661-7267

September 25, 2003

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TALLAHASSEE, FLORIDA

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 23214

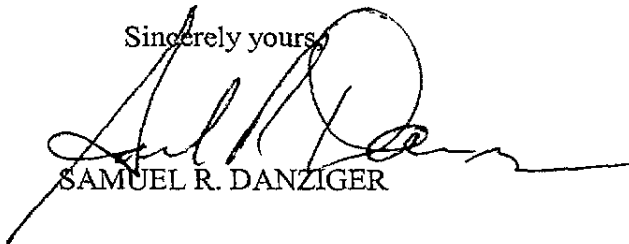
Re: Change of Resident Agents

Dear Sir:

I enclose for my client five (5) Change of Registered Agent forms and five (5) related checks.

Please file, return the file-stamped copies and otherwise telephone me at your earliest convenience should there be any questions.

Sincerely yours,


SAMUEL R. DANZIGER

SRD/ade

Encl.

cc: Marc L. Goldman, Esq. (Letter and forms only)
(Fax No. 305-207-0121)
Clients (Letter Only)

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MASORP, CORP.
(Name of corporation)

DOCUMENT NUMBER: P9800004811

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMUEL R. DANZIGER, ESQ.
(Name of person)

SAMUEL R. DANZIGER, P.A.
(Name of firm/company)

6701 Sunset Drive, Suite 104
(Address)

Miami, FL 33143
(City/state and zip code)

For further information concerning this matter, please call:

SAMUEL R. DANZIGER at (305) 661-7211
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MASORP. CORP.
2. The principal office address: 555 Hialeah Drive
Hialeah, FL 33010
3. The mailing address (if different): 10600 SW 146th Court
Miami, FL 33186
4. Date of incorporation/qualification: 11/06/1998 Document number: P9800004811
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MARC L. GOLDMAN

9980 SW 83rd Avenue

Miami, FL 33156

6. The name and street address of the new registered agent (if changed) and /or registered office changed):

RAUL J. PAREDES

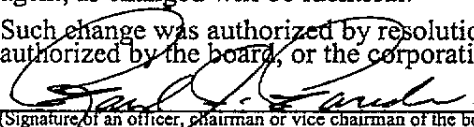
10600 SW 146th Court

(P.O. Box or personal mailbox NOT acceptable)

Miami, FL 33156


The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

RAUL J. PAREDES, President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

9/22/03
(Date)

If signing on behalf of an entity:

RAUL J. PAREDES, President
(Typed or Printed Name)

(Capacity)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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