

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90044 050 \*\*\*150.00

**DOCUMENT # P98000103453**

**1. Entity Name**  
**M & S CONSTRUCTION SERVICES, INC.**

**Principal Place of Business**  
**5060 SW. 64TH AVENUE #204**  
**DAVIE FL 33314**

**Mailing Address**  
**5060 SW. 64TH AVENUE #204**  
**DAVIE FL 33314**

**2. Principal Place of Business**  
**3901 S.R. 84**  
**Suite, Apt. #, etc.**  
**305**

**3. Mailing Address**  
**3901 S.R. 84**  
**Suite, Apt. #, etc.**  
**305**

**City & State**  
**DAVIE FL**  
**Zip**  
**33312**  
**Country**  
**Broward**

**City & State**  
**DAVIE FL**  
**Zip**  
**33312**  
**Country**  
**Broward**

**4. FEI Number** **65-0880767**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**MAZZA, MARY BETH**  
**5060 SW. 64TH AVENUE #204**  
**DAVIE FL 33314**

**7. Name and Address of New Registered Agent**

**Name** **MAZZA, Mary Beth**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**3901 S.R. 84**  
**Unit 305**  
**City** **DAVIE, FL** **FL** **Zip Code** **33312**

**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** **Mary Beth Mazza**  
 Signature, typed or printed name of registered agent and title if applicable.

**Mary Beth Mazza**  
 (NOTE: Registered Agent signature required when relevant)

**4-26-02**  
 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** **PD** ☒ **Delete**  
**NAME** **MAZZA, MARY BETH**  
**STREET ADDRESS** **5060 SW. 64TH AVENUE #204**  
**CITY-ST-ZIP** **DAVIE FL 33314**

**TITLE** **PD** ☐ **Delete**  
**NAME** **MAZZA, Mary Beth**  
**STREET ADDRESS** **3901 S.R. 84 305**  
**CITY-ST-ZIP** **DAVIE, FL 33312**

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

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

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**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:** **Mary Beth Mazza** **4-26-02** **954-214-2245**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)