

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018870

1. Entity Name

MASTER-LAND CORP.

FILED

Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90073 007 ***150.00

Principal Place of Business 100 SE 2ND ST. 17TH FLOOR MIAMI FL 33131		Mailing Address 100 SE 2ND ST. 17TH FLOOR MIAMI FL 33131-2158	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3038 NW NORTH RIVER DR MIAMI - FL	
City & State		City & State	
Zip	Country	Zip	Country
		33142	USA



DO NOT WRITE IN THIS SPACE

4. FFI Number 65-0097587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KUBIT, DONALD E 100 SE 2ND ST, 17TH FLOOR MIAMI FL 33131		7. Name and Address of New Registered Agent Name: JARA C. BABUN Street Address (P.O. Box Number is Not Acceptable): 3038 NW NORTH RIVER DR City: MIAMI FL Zip Code: 33142	
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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.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/00

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P LOURDES ACOSTA 3038 NW NORTH RIVER DR. MIAMI - FL 33142			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 (305) 633-6361
Date Daytime Phone #