

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027357

1. Entity Name

MASARI INVESTMENTS CORPORATION

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90006 038 \*\*\*150.00

Principal Place of Business Mailing Address  
 8777 COLLINS AVENUE 8777 COLLINS AVENUE  
 SUITE 504 SUITE 504  
 SURFSIDE FL 33154 SURFSIDE FL 33154-3400

2. Principal Place of Business 3. Mailing Address  
 8490 NW 44<sup>TH</sup> STREET 8490 NW 44<sup>TH</sup> STREET  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 SUNRISE, FL SUNRISE, FL  
 Zip Country Zip Country  
 33351 USA 33351 USA

4. FEI Number Applied For  
 59-3566008 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ANUFF, MATEAS S  
 8777 COLLINS AVENUE  
 SUITE 504  
 SURFSIDE FL 33154

7. Name and Address of New Registered Agent  
 Name  
 MATEAS SARAGA  
 Street Address (P.O. Box Number is Not Acceptable)  
 8777 COLLINS AVE  
 APT 504  
 City Zip Code  
 SURFSIDE FL 33154

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]* MATEAS SARAGA DATE 04/20/00  
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, 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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANUFF, MATEAS S		NAME	MATEAS SARAGA	
STREET ADDRESS	8777 COLLINS AVENUE		STREET ADDRESS	8777 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL 33154		CITY-ST-ZIP	SURFSIDE, FL. 33154	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANUFF, ARIE S		NAME	ARIE SARAGA	
STREET ADDRESS	8777 COLLINS AVENUE		STREET ADDRESS	8777 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL 33154		CITY-ST-ZIP	SURFSIDE, FL. 33154	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUSTAKOWSKY, MOISES S		NAME	MOISES SARAGA	
STREET ADDRESS	8777 COLLINS AVENUE		STREET ADDRESS	8777 COLLINS AVE	
CITY-ST-ZIP	SURFSIDE FL 33154		CITY-ST-ZIP	SURFSIDE, FL 33154	
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 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: MATEAS SARAGA *[Signature]* DATE 04/20/00 (954) 572-6141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)