

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90253 016 \*\*\*150.00

**A0068535**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** *MA000027357*

**1. Entity Name**  
**MASARI INVESTMENTS CORPORATION**  
**5050 SW 35 TERRACE**  
**FT. LAUDERDALE, FL. 33312**

**Principal Place of Business** **Mailing Address**  
**5050 SW 35<sup>TH</sup> TERRACE**  
**FT. LAUDERDALE, FL. 33312**

**2. Principal Place of Business** **3. Mailing Address**  
**SAME** **SAME**

**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**

**City & State** **City & State**

**Zip** **Country** **Zip** **Country**

**4. FEI Number** **59-3566008** **Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
**MATEAS SARAGA**  
**5050 SW 35 TERRACE**  
**FT. LAUDERDALE FL 33312**

**7. Name and Address of New Registered Agent**  
**Name** **MATEAS SARAGA**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**5050 SW 35 TERRACE**  
**City** **FT. LAUDERDALE** **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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
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.** ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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**

<b>TITLE</b>	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MATEAS SARAGA</b>	
<b>STREET ADDRESS</b>	<b>5050 SW 35 TERR.</b>	
<b>CITY-ST-ZIP</b>	<b>FT. LAUDERDALE, FL. 33312</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ARIE SARAGA</b>	
<b>STREET ADDRESS</b>	<b>5002 SW 35 TERR</b>	
<b>CITY-ST-ZIP</b>	<b>FT. LAUDERDALE, FL. 33312</b>	
<b>TITLE</b>	<b>TREAS, SECY.</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MOISES SARAGA</b>	
<b>STREET ADDRESS</b>	<b>5026 SW 35 TERR</b>	
<b>CITY-ST-ZIP</b>	<b>FT. LAUDERDALE, FL 33312</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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]* **MATEAS SARAGA** **4/30/01** **(954) 2750498**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)