

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90101 018 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027357

1. Entity Name

MASARI INVESTMENTS CORPORATION

DO NOT WRITE IN THIS SPACE

B0050233

2. Principal Place of Business

5050 SW 35 Terrace

Suite, Apt. #, etc.

3. Mailing Address

5050 SW 35 Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale, FL

City & State
Ft. Lauderdale, FL

4. FEI Number
59-3566008

Applied For
☐ Not Applicable

Zip
33312

Country
USA

Zip
33312

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current 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

DO NOT WRITE IN THIS SPACE

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]
Signature, typed or printed name of registered agent and title if applicable.

MATEAS SARAGA

(NOTE: Registered Agent signature required when reinstating)

3/12/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE PD	NAME Saraga, Mateas
STREET ADDRESS 5050 SW 35 Terrace	
CITY-ST-ZIP Ft. Lauderdale, FL 33312	
TITLE VD	NAME Saraga, Arie
STREET ADDRESS 5002 SW 35 Terrace	
CITY-ST-ZIP Ft. Lauderdale, FL 33312	
TITLE DTS	NAME Saraga, Moises
STREET ADDRESS 5026 SW 35 Terrace	
CITY-ST-ZIP Ft. Lauderdale, FL 33312	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

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STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATEAS SARAGA

3/12/02
Date

954-275-0498
Daytime Phone #

CR2E034B (12/01)