

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049284

1. Entity Name

MASTERFINANCIAL NETWORK, CORP.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90063 031 ***150.00

Principal Place of Business

Mailing Address

1975 EAST SUNRISE BLVD.
SUITE 522
FORT LAUDERDALE FL 33304

1975 EAST SUNRISE BLVD.
SUITE 522
FORT LAUDERDALE FL 33304-1433

2. Principal Place of Business

3. Mailing Address

2501 E COMMERCIAL BLVD

Suite, Apt. #, etc.

SUITE 212

City & State

FT LAUDERDALE FL

Zip

33308

Country

BROWARD

Zip

Country

4. FEI Number

65-0924369

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEINER, MARCO
1975 EAST SUNRISE BLVD.
SUITE 522
FORT LAUDERDALE FL 33304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 ☐ Delete
NAME D
STREET ADDRESS KLEINER, MARCO
CITY-ST-ZIP 2281 NOVA VILLAGE DR.
FORT LAUDERDALE FL 33317

TITLE ☐ Change ☐ Addition
NAME P
STREET ADDRESS KLEINER, MARCO
CITY-ST-ZIP 2455 NE 51 STREET E303
FT LAUDERDALE FL 33308

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

Date

954 610 1233

Daytime Phone #

CR2E034 (9/99)