

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am  
Secretary of State

04-18-2001 90305 001 \*\*\*\*\*8.75  
04-18-2001 90305 002 \*\*\*150.00

DOCUMENT # P99000049284

1. Entity Name  
MASTERFINANCIAL NETWORK, CORP.

Principal Place of Business  
2501 E COMMERCIAL BLVD  
STE 212  
FORT LAUDERDALE FL 33308

Mailing Address  
2100 NE 39TH ST., #303  
FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address  
2050 NE 39th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
#208

City & State

City & State  
FT. LAUDERDALE

Zip

Country

Zip  
33308

Country

4. FEI Number 65-0924369

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EKSTROM, CARL H JR.  
2100 NE 39TH ST., #303  
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name EKSTROM, CARL H JR.

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

2050 NE 39th ST, #208

City FT. LAUDERDALE

FL

Zip Code 33308

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, 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

TITLE P  
NAME EKSTROM, CARL H JR.  
STREET ADDRESS 2100 NE 39TH ST., #303  
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME EKSTROM, CARL H JR. ☒ Change ☐ Addition  
STREET ADDRESS 2050 NE 39th ST., #208  
CITY-ST-ZIP FT. LAUDERDALE, FL 33308

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)