

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 06, 2000 08:00 AM
Secretary of State****DOCUMENT # P99000051168****1. Entity Name
MASTREE ONE INC.**

Principal Place of Business 1500 N FEDERAL WY, SUITE 203 FT LAUDERDALE FL 33304	Mailing Address 1500 N FEDERAL WY, SUITE 203 FT LAUDERDALE FL 33304
--	--

2. Principal Place of Business 1500 N FEDERAL WY, SUITE 200	3. Mailing Address 1500 N FEDERAL WY, SUITE 200
---	---

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State FT LAUDERDALE FL	City & State FT LAUDERDALE FL
---	---

**4. FEI Number
65-0924088**

Applied For
Not Applicable

Zip 33304	Country	Zip 33304	Country
---------------------	----------------	---------------------	----------------

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****MASTRIANA RON**
1500 N FEDERAL WY, SUITE 203

FT LAUDERDALE FL 33304

Name MASTRIANA R. BRIEN
Street Address (P.O. Box Number is Not Acceptable) 1500 N FEDERAL WY, SUITE 200
City FT LAUDERDALE FL Zip Code 33304

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 R. BRIEN MASTRIANA****09/06/2000**

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	PD <input type="checkbox"/> Delete
NAME	MASTRIANA R. BRIEN
STREET ADDRESS	1500 N FEDERAL WY, SUITE 203
CITY-ST-ZIP	FT LAUDERDALE FL 33304

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

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

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

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

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

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

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

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

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

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: R. Brian Mastriana****PD 09/06/2000**