

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90288 031 \*\*\*150.00

**DOCUMENT # P99000089374**

1. Entity Name  
**MASSTECH ENTERPRISES, INC.**

Principal Place of Business  
**1717 N. BAYSHORE DR  
#1833  
MIAMI FL 33132**

Mailing Address  
**7439 E. HILLSBOROUGH AVE.  
TAMPA FL 33610**

2. Principal Place of Business

3. Mailing Address

**67 BERKELEY ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**W. NEWTON, MA 0245**

Zip

Country

Zip

Country

**02465**

**USA**

4. FEI Number

APPLIED FOR

**65-0971602**

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

~~HEARTZ, BRUCE~~  
~~1717 N. BAYSHORE DR~~  
~~#1833~~  
~~MIAMI FL 33132~~

Name

**BRUCE HEAFITZ**

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

**36A SOUTHPORT**

**90 LEWIS HEAFITZ**

City

**WINTER HAVEN**

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

**BRUCE HEAFITZ**

**1/25/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HEAFITZ, BRUCE</b>	
STREET ADDRESS	<b>7439 E. HILLSBOROUGH AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	
TITLE	<b>36A SOUTHPORT</b>	<input type="checkbox"/> Delete
NAME	<b>HUNTER'S RUN</b>	
STREET ADDRESS	<b>BOYNTON BEACH, FLA</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 officers empowered.

SIGNATURE:

**BRUCE HEAFITZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**25 JAN / 1 3057764576**

CR2E034 (10/00)