

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State
 02-14-2002 90102 016 ***150.00

DOCUMENT # P99000089374

1. Entity Name
MASSTECH ENTERPRISES, INC.

Principal Place of Business

1717 N. BAYSHORE DR
#4833
MIAMI FL 33132

Mailing Address

67 BERKELEY ST
W NEWTON MA 02465

2. Principal Place of Business

67 BERKELEY ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

W NEWTON, MA

City & State

Zip

02465

Country

USA

Zip

Country

4. FEI Number

65-0931702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HEARTZ, BRUCE
C/O LEWIS HEARTZ
36A SOUTHPORT ST/HUNTER RUN
BOYNTON BEACH FL

7. Name and Address of New Registered Agent

Name **HEARTZ, BRUCE**
 Street Address (P.O. Box Number is Not Acceptable) **36A SOUTHPORT ST/HUNTER RUN**
19333 COLLINS AVE
 City **MIAMI BEACH FL** Zip Code **33160**

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

JAN 27, 02

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, 2002 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 **D** ☐ Delete
 NAME **HEARTZ, BRUCE**
 STREET ADDRESS **36A SOUTHPORT/HUNTERS RUN**
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **HEARTZ, BRUCE #2309**
 STREET ADDRESS **19333 COLLINS AVE**
 CITY-ST-ZIP **MIAMI BEACH FL 33160**

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

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

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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 #

JAN 27, 02 305
726 4576

CR2E034 (9/01)