

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG -9 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600007084246--7

-08/14/02--01003--018

*****61.25 *****61.25

DOCUMENT #

505090

1. Entity Name

MS Development Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

340 NE 27th

Suite, Apt. #, etc.

3. Mailing Address

340 NE 27th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPAN0 Bch

Zip

33064

Country

BROWARD

City & State

POMPAN0 Bch

Zip

33064

Country

BROWARD

4. FEI Number

080612-65-0250582-

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Roy G. Massa

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

3500 Harbor Circle

City DELRAY Bch

FL

Zip Code

33483

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

August 01, 2002

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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 DV.
NAME SAIN MERVIL DARMA
STREET ADDRESS 9179 SW 16th
CITY-ST-ZIP BOCA RATON, FL 33428

TITLE DPS
NAME MASSA, Roy, G.
STREET ADDRESS 3500 Harbor Circle
CITY-ST-ZIP DELRAY Bch, FL 33483

TITLE TREA SURER
NAME MARTIN P. HEISE
STREET ADDRESS 943 CLINTMORE ROAD
CITY-ST-ZIP BOCA RATON, FL 33487

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DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 01, 2002

Date

Daytime Phone #

CR2E034B (12/01)

js 8/12/02