

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S53832

1. Entity Name

MASCUATES CORPORATION

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90086 036 ***158.75

Principal Place of Business

217 WEST ENID DRIVE
P.O. BOX 490567
KEY BISCAINE FL 33149

Mailing Address

217 WEST ENID DRIVE
P.O. BOX 490567
KEY BISCAINE FL 33149-0567

2. Principal Place of Business

3. Mailing Address

777 Brickell Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1390 PHG

City & State

City & State

Miami, Fl. 33131

Zip

Country

Zip

Country

USA

4. FEI Number

65-0268084

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERDIE, AINSLEE R.
717 PONCE DE LEON BLVD
SUITE 215
CORAL GABLES FL 33134

Name

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

City

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	URRUELA, JUAN	217 WEST ENID DR. KEY BISCAINE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	URRUELA, ESTELA	217 WEST ENID DR. KEY BISCAINE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

01/24/00 (305)-374-0500