

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90006 037 ***150.00

DOCUMENT # S88923

1. Entity Name

MASTER INTERNATIONAL SYSTEMS, CORPORATION

Principal Place of Business

Mailing Address

8620 N.W. 3RD LANE #1
 MIAMI FL 33126

8620 N.W. 3RD LANE #1
 MIAMI FL 33126-6820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0211734

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

NUNEZ, JORGE C.
8620 NE 3RD LANE #1
MIAMI FL 33126

Name **OTILIA MAROZZI**

Street Address (P.O. Box Number is Not Acceptable)
8620 NW 3rd. Lane #1

City **MIAMI** **FL** Zip Code **33126**

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 *Otilia Marozzi*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-1-00

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 **P** Delete
 NAME **NUNEZ, JORGE C.**
 STREET ADDRESS **8620 NW 3RD LANE #1**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **PRESIDENT** Change Addition
 NAME **OTILIA MAROZZI**
 STREET ADDRESS **8620 NW 3rd. Lane # 1**
 CITY-ST-ZIP **MIAMI, FL. 33126**

TITLE **VPT** Delete
 NAME **PACIFICO, ANTONIO**
 STREET ADDRESS **8620 N.W. 3 LANE #1**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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 empowerments.

SIGNATURE:

Otilia Marozzi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1st, 2000

Date

Daytime Phone #

CR2E034 (9/99)