2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am DOCUMENT # V74043 **Secretary of State** 1. Entity Name 03-14-2002 90078 008 ***150.00 M.A.S. CARRIER, INC. Principal Place of Business Mailing Address 4746 N.W. 67 AVE 4746 N.W. 67 AVE UUU43643 LAUDERHILL FL 33319 LAUDERHILL FL 33319 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0368026 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name_ Perez, Armando Street Address (P.O. Box Number is Not Acceptable) 4746 N.W. 67 AVENUE **LAUDERHILL FL 33319** Zip Code City FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Addition TITLE □ Delete TITLE NAME NAME PEREZ. ARMANDO STREET ADDRESS STREET ADDRESS 4746 NW 67 AVE CITY-ST-7IP CITY-ST-ZIP LAUDERHILL FL Change Addition TITLE ☐ Delete TITLE NAME NAME PEREZ. ANA STREET ADDRESS STREET ADDRESS 4746 NW 67 AVE CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL Change Addition ☐ Delete TITLE TITLE NAME NAME ~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 teport 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 muste 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

SIGNATURE:

FILED