

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90017 027 ***150.00

DOCUMENT # 429026

1. Entity Name

EDWARD A. MATSON, INC.

Principal Place of Business

Mailing Address

2101 SOUTH ANDREWS AVE
 103
 FT. LAUDERDALE FL 33316
 US

2101 SOUTH ANDREWS AVE
 103
 FT. LAUDERDALE FL 33316-3459
 US

031374



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1471582**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MATSON, EDWARD
1606 SE 12 CT.
FT. LAUDERDALE FL 33316

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	PD	<input type="checkbox"/> Delete
NAME	MATSON, EDWARD	
STREET ADDRESS	1606 SE 12TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MATSON, MARY	
STREET ADDRESS	1606 SE 12TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	V	<input type="checkbox"/> Delete
NAME	CIPOLATO, MICHAEL	
STREET ADDRESS	8550 SW 109 AVE #222	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOWE, STEVEN	
STREET ADDRESS	2723 S DAYTONA AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATSON, DAVID	
STREET ADDRESS	516 NE 12 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	V	<input type="checkbox"/> Delete
NAME	VIZCAINO, WILLIAM	
STREET ADDRESS	2655 S BAYSHORE DR, APT 212	
CITY-ST-ZIP	COCONUT GROVE FL 33133	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Edward A. Matson, Pres.* Date: 03.27.00 Daytime Phone #: (954) 522-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #