

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
 03-01-2001 91347 018 ****61.25

DOCUMENT # 729589

1. Entity Name

CENTER MATER, INC.

Principal Place of Business

**418 SW 4TH AVE
 MIAMI FL 33130**

Mailing Address

**418 SW 4TH AVE
 MIAMI FL 33130**

2. Principal Place of Business

3. Mailing Address

8298 N.W. 103 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH GARDENS

Zip

Country

Zip

Country

33016

U.S.A.

4. FEI Number

65-0222952

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

**FITZGERALD (MICHAEL)
 150 W FLAGLER ST #2701
 MIAMI FL 33130**

Name

ANA ORTEGA

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

700 CAMPANA AVE

City

CORAL GABLES

FL

Zip Code

33156

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.

ANA M. ORTEGA

(NOTE: Registered Agent signature required when reinstating)

DATE

8/23/01

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
 NAME **MACHADO, LOURDES**
 STREET ADDRESS **7401 VISTALMAR**
 CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE **V** ☒ Change ☐ Addition
 NAME **MACHADO, LOURDES**
 STREET ADDRESS **7401 VISTALMAR**
 CITY-ST-ZIP **CORAL GABLES, FL 33143**

TITLE **SD** ☐ Delete
 NAME **ZULUETA, LILLIAN M**
 STREET ADDRESS **366 MINORCA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VT** ☐ Delete
 NAME **WOLLBERG, MARIA E**
 STREET ADDRESS **415 SANTURCE**
 CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ORTEGA, ANA M**
 STREET ADDRESS **700 CAMPANA AVE**
 CITY-ST-ZIP **CORAL GABLES FL 33156**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **ORTEGA, ANA M**
 STREET ADDRESS **700 CAMPANA AVE**
 CITY-ST-ZIP **CORAL GABLES, FL 33156**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

MARIA E WOLLBERG

Date

8/23/01

Daytime Phone #

305-666-9799

CR2E037 (10/00)