

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**  
 05-24-2000 90181 045 \*\*\*150.00

**DOCUMENT #** **G45010** ✓  
 1. Entity Name  
**MATIMEX CORPORATION**

Principal Place of Business Mailing Address  
**6039 COLLINS AVE PH 2**  
**MIAMI BEACH, FL 33140**

2. Principal Place of Business 3. Mailing Address  
**6039 COLLINS AVE**  
 Suits, Apt. #, etc. PH 2 Suite, Apt. #, etc.  
 City & State MIAMI BEACH, FL City & State  
 Zip 33140 Country USA Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2754731** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Name and Address of Current Registered Agent  
**MATILDE AGUIRRE**  
**6039 COLLINS AVE PH 2**  
**MIAMI BEACH, FL 33140**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$100.00**  
After MAY 1, 2000 Fee will be \$250.00. 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 NAME: ASQUIRRE, MATILDE STREET ADDRESS: 6039 COLLINS AVE PH 2 CITY-ST-ZIP: MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Matilde Aguirre* MATILDE AGUIRRE 4-30-00 305-606-1069  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing