

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

FILED COPY

DOCUMENT # **P02000028802**



1. Entity Name
MATMEL MIAMI GROUP CORP.

04-24-2003 90266 004 ***150.00

Principal Place of Business
**81 SW 19TH ROAD
MIAMI FL 33129**

Mailing Address
**81 SW 19TH ROAD
MIAMI FL 33129**

11010041



2. Principal Place of Business
5287 NW 161 Street
Suite, Apt. #, etc.

3. Mailing Address
5287 NW 161 Street
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami FL
Zip
33014
Country
USA

City & State
Miami FL
Zip
33014
Country
USA

4. FEI Number
02-0576732
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MONASTIRSKY, CARLOS A
81 SW 19TH ROAD
MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name
Carlos A Monastirsky
Street Address (P.O. Box Number is Not Acceptable)
3601 NE 207 Street
Apt 1102
City
Aventura FL Zip Code
33120

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. I am familiar with, and accept the obligation of the registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MONASTIRSKY, CARLOS A 81 SW 19TH ROAD MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE MONASTIRSKY, MARTA ELISA J 81 SW 19TH ROAD MIAMI FL 33129	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 registered trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03 **3053032854**
Date Daytime Phone #

CR2E034 (10/02)