

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90891 045 \*\*\*150.00

**DOCUMENT # P96000067183**

**1. Entity Name**  
**MATOK, INC.**

**Principal Place of Business**  
**600 GRAPETREE DRIVE, SUITE 100N**  
**KEY BISCAYNE FL 33149**

**Mailing Address**  
**P.O. BOX 490002**  
**KEY BISCAYNE FL 33149**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-0732626**

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**

**SALAZAR, LISETTE**  
**50 WEST MASHTA DRIVE, SUITE 2**  
**KEY BISCAYNE FL 33149**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CASTILLO DE MATA, MARIA LUISA</b> <b>20 CALLE 4-60 ZONA 10 INT. 3B</b> <b>GUATEMALA CITY GUATEMALA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATA C, GUILLERMO</b> <b>12 CALLE 6-40 ZONA-9</b> <b>GUATEMALA CITY GUATEMALA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATA C, ESTUARDO</b> <b>OFICIAN DIAGONAL 6 10-01 ZONA 10</b> <b>GUATEMALA CITY GUATEMALA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATA DE ARIAS, LUISA MARIA</b> <b>OFICIAN DIAGONAL 6 10-01 ZONA 10</b> <b>GUATEMALA CITY GUATEMALA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATA C, CARLOS ENRIQUE</b> <b>7 AV. 5-10 ZONA 4</b> <b>GUATEMALA CITY GUATEMALA</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATA DE ARROYO, ANA ISABEL</b> <b>20 CALLE 22-18 ZONA 10 CASA #5</b> <b>GUATEMALA CITY GUATEMALA</b>	<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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 20, 2001** **305-361-0381**

Date

Daytime Phone #

CR2E034 (9/01)