

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90164 046 ***150.00

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1. Entity Name
SAMY MATAT, P.A.



Principal Place of Business
4157 SW 92ND AVE.
MIAMI FL 33165

Mailing Address
4157 SW 92ND AVE.
MIAMI FL 33165

2. Principal Place of Business
12515 SW 72 TE

3. Mailing Address
12515 SW 72 TE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FL.

City & State
MIAMI FL.

Zip
33183

Country
USA

Zip
33183

Country
USA

4. FEI Number 65-0721337

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MATAT, SAMY
4157 SW 92 AVE.
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
12515 SW 72 TE
City MIAMI FL Zip Code 33183

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 obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE P
NAME MATAT, SAMY
STREET ADDRESS 4157 SW 92 AVE.
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE TV
NAME AGUIRRE, JACKELYNE
STREET ADDRESS 4157 SW 92ND AVE
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MATAT, SAMY
STREET ADDRESS 12515 SW 72 TE
CITY-ST-ZIP MIAMI FL 33183 ☒ Change ☐ Addition

TITLE TV
NAME AGUIRRE, JACKELYNE
STREET ADDRESS 12515 SW 72 TE
CITY-ST-ZIP MIAMI FL 33183 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 receiver or 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 with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF SAMY MATAT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 (305) 275-8888
Date Daytime Phone #

CR2E034 (10/02)