

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90110 020 ***150.00

DOCUMENT # P99000041803

1. Entity Name
MATTA'S AUTO SALE, INC.

Principal Place of Business 10030 N.W. 44 TERRACE SUITE #110 MIAMI FL 33178	Mailing Address 10030 N.W. 44 TERRACE SUITE #110 MIAMI FL 33178-3314
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2. Principal Place of Business 3215 S. STATE RD. 7 Suite, Apt. #, etc.	3. Mailing Address 3215 S. STATE RD. 7 Suite, Apt. #, etc.
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City & State MIRAMAR, FL	City & State MIRAMAR, FL	4. FEI Number 65-0920031	Applied For <input type="checkbox"/> Not Applicable
Zip 33023	Country USA	Zip 33023	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**MATA, MICHEL
 10030 N.W. 44 TERRACE
 SUITE #110
 MIAMI FL 33178**

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 **X** **AGENT** **1/19/2000**
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.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	<input type="checkbox"/> Delete MATA, MICHEL STREET ADDRESS 10030 N.W. 44 TERRACE SUITE #110 CITY-ST-ZIP MIAMI FL 33178	TITLE PD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MATA, MICHEL STREET ADDRESS 3215 S. STATE RD. 7 CITY-ST-ZIP MIRAMAR, FL 33023
TITLE VPD	<input type="checkbox"/> Delete MELO OLGUIN, RAMON G STREET ADDRESS 10030 N.W. 44 TERRACE SUITE #110 CITY-ST-ZIP MIAMI FL 33178	TITLE VP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MELO OLGUIN, RAMON G STREET ADDRESS 3215 S. STATE RD. 7 CITY-ST-ZIP MIRAMAR, FL 33023
TITLE SD	<input type="checkbox"/> Delete MATTA, MARWAN STREET ADDRESS 10030 N.W. 44 TERRACE CITY-ST-ZIP MIAMI FL 33178	TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MATTA, MARWAN STREET ADDRESS 3215 S. STATE RD. 7 CITY-ST-ZIP MIRAMAR, FL 33023
TITLE TD	<input type="checkbox"/> Delete MELO OLGUIN, ROMULO E STREET ADDRESS 10030 N.W. 44 TERRACE SUITE #110 CITY-ST-ZIP MIAMI FL 33178	TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MELO OLGUIN, ROMULO E. STREET ADDRESS 3215 S. STATE RD. 7 CITY-ST-ZIP MIRAMAR, FL 33023
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **X** **PRESIDENT** **1/19/00** **954-**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/99)