

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90122 037 ***150.00

DOCUMENT # P99000041803

1. Entity Name
Matta's Auto Sale, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3340 S. State Road 7

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miramar

City & State

4. FEI Number
65-0920031

Applied For
 Not Applicable

Zip
33023

Country
USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

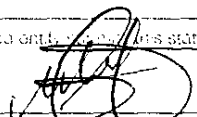
7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. True above named and signed persons statement for the purpose of changing its registered office or registered agent or both, in the State of Florida.

SIGNATURE: 

AGENT

04-08-02

Signature of Registered Agent and filer (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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE: PD
NAME: Matta Michel
STREET ADDRESS: Same as above
CITY-STATE-ZIP:

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE: VP
NAME: Melo, Olquin Ramon G.
STREET ADDRESS: Same as above
CITY-STATE-ZIP:

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE: secretary
NAME: Matta Marwan
STREET ADDRESS: Same as above
CITY-STATE-ZIP:

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE: Treasurer
NAME: Melo, Olquin Pomulo E.
STREET ADDRESS: Same as above
CITY-STATE-ZIP:

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP


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NAME
STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address.

SIGNATURE: 

President

04-08-02

(954) 9626777

SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

CITY AND PHONE #

CR2E034E (12/01)