AMENDED

SIGNATURE:

200	1-UNIFORM BUSI	NESS REPO	RT (UB	R) · · ·		•			
DOCU 1. Entity Nar	JMENT #	DASE	,		•				
MATTA/ARCHITECT/BUILDER, INC.					FILED				
Principal Place of Business Mailing Address					01 SEP 21 AM II: 32				
265-8" AVENUE, NORTH (SAME)					SECRETARY OF STATE				
TIER	RA VERDE, FL. 33	ے 177 <i>5 -</i>	راس		TALLAHASSE	E, FLORIDA		•	
2. Principal Place of Business 2.65-8 Th AVE, No. W. Suite, Apt. #, etc. Suite, Apt.									
Suite, Apt	i. #, etc.	265 - 8 th AVE And Suite, Apt. #, etc.	D KA		DO	NOT WRITE IN TH	S SPACE		
City & Sta	LA VERDE, FL.	City & State	= F1 .		. FEI Number 59 – 303	1437		pplied For	
Zip 337	Country	TIERRA VERDE		**	. Certificate of Status		\$8.75 Ac	lot Applicable Iditional	
/	6. Name and Address of Current Re	337/5 gistered Agent	USA	7.	. Name and Address	of New Registere	Fee Required Agent	ed	
HANI F. MATTA Street Address (6)									
265-8ª AVE, NO				Address (P.O.	dress (P.O. Box Number is Not Acceptable)				
		-09/25/0101017018							
	ERRA VERDE, FL. 3		City			*****bl.F	L *2000	61.25	
8. The above	e named entity submits this statement for the	ne purpose of changing its re	egistered office of	r registered a	agent, or both, in the S	ate of Florida.	<u> </u>		
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signa	iture required when	reinstating)	DATE			
	oration is eligible to satisfy its Intangible		FEE IS \$550		10. Election Cam	naign Eineneing			
	requirement and elects to do so. []	After September 12, 2 Make Check Payable			Trust Fund Co			00 May Be d to Fees	
11.	OFFICERS AND DI	RECTORS	12.	Α	ADDITIONS/CHANGES	TO OFFICERS AN	ND DIRECTOR		
TITLE NAME	SECRETARY CARMEN MATTA	Delete	TITLE NAME	SECR	ETARY F. MATTA		☐ Change	Addition S	
STREET ADDRESS	265-84 AVE, NO.		STREET ADDRESS	265-	8 AVE, NO.				
CITY-ST-ZIP	TIERRA VERDE, FL.		CITY-ST-ZIP	TIERR	A VERDE, FL	33 <i>715</i>			
NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition ₹	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			*	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP			-			
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	ļ					
TITLE		☐ Delete	CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
NAME .		2 5000	NAME		\wedge		Citalige		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		\mathcal{M}	$h \wedge \Lambda$	j	}	
TITLE	-	☐ Delete	TITLE		//	1111	☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			\mathcal{M}		.	
CITY-ST-ZIP			CITY-ST-ZIP						
of the corr	ertify that the information supplied with this on this report or supplemental report is tru poration or the receiver or trustee empowe or on an attachment with an address, with	red to execute this report as	required by Cha	ave the same pter 607, Flor	legal effect as if made rida Statutes; and that	tatutes. I further ce under oath; that I my name appears	ertify that the ir am an officer in Block 11 or	nformation or director Block 12 if	
	LIDE: HAS F		MAN	I F. MAT	TH alinda			i	

9/17/01 . 727-867-0630