

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90014 031 \*\*\*150.00

**DOCUMENT # 323355**

1. Entity Name  
**MATT-CYN-DEE INVESTMENTS, INC.**

Principal Place of Business

**610 EAST 49 STREET  
P.O. BOX 22365  
HIALEAH FL 33013-1964**

Mailing Address

**610 EAST 49 STREET  
P.O. BOX 22365  
HIALEAH FL 33013-1964**

2. Principal Place of Business

**4481 STIRLING ROAD**

3. Mailing Address

**4481 STIRLING ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE FLORIDA**

City & State

**FT. LAUDERDALE FLORIDA**

4. FEI Number

**59-1206104**

Applied For

Not Applicable

Zip  
**33314**

Country  
**BROWARD**

Zip  
**33314**

Country  
**BROWARD**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**LIMPACH, FRANK  
610 E 49 ST  
HIALEAH FL 33013**

## 7. Name and Address of New Registered Agent

Name **LASHBROOK, GARTH D.**

Street Address (P.O. Box Number is Not Acceptable)  
**4481 STIRLING ROAD**

City **FT. LAUDERDALE**

**FL**

**33314**

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)

*2/11/02*  
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 : Trust Fund Contribution: ☐

**\$5.00** May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LIMPACH, MELODIE DR. 6507 116ST KENSHA WI</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D- PURSINO, GLORIA 610 E 49TH ST HIALEAH, FL 00000</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST LIMPACH, FRANK 610 E 49TH ST HIALEAH, FL 00000</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GARTH D. LASHBROOK 4481 STIRLING ROAD FT. LAUDERDALE, FL 33314</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/11/02*

CR2E034 (9/01)