

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 429746

1. Entity Name
EXIT N INC

Principal Place of Business
7277 MADLAND BLVD
STE - 1020
MIAMI FL 33158
US

Mailing Address
2700 BISCAYNE BLVD.
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Subs. Apr. #, etc.

Subs. Apr. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1473539

Applied For
(Not Applicable)

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATZ, RUBEN
2700 BISCAYNE BLVD
MIAMI FL 33137

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

Signature, Name and Printed Name of Registered Agent and also of Approver

(NOTE: Registered Agent signature is required when substituting)

Date

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP

PO
MATZ, RUBEN
8877 COLLINS AVE, #310
MIAMI BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

O
MATZ, GLADYS
8877 COLLINS AVE, #310
MIAMI BCH FL

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CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 the like empowered.

SIGNATURE:

Ruben Matz
Ruben Matz

Signature, Name and Printed Name of Registered Agent and also of Approver

Date

Confirm Page 1

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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***386.25 ***386.25

R. VARNADORE NOV 30 2001

R. Haebmont

11358



EXIT SHOPS

August 9, 2001

Ms. Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: Annual Report year 2000

Re. #429746

Dear Mrs. Harris:

I just received a letter saying that the Annual Report has not been filed because we owe \$400.00 in the fees.

When I sent the annual Report application and the check for \$163.75, I explained the reason for the tardiness. Once again I am writing to you to request forgiveness for not filing the Annual Report on time. We know it is our responsibility to file before May 1 of the current year but I as I explained before, the bookkeeper left and we had no idea that the Annual Report had not been paid.

Please accept our apologies. We promise that we will not be late in the future.

Sincerely,

Ruben Matz
Ruben Matz
President

Executive Offices

2700 Biscayne Boulevard • Miami, FL 33137 • Telephone 305.573.8311 • Fax 305.576.7125