## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 498484** Aug 15, 2000 8:00 am Secretary of State 1. Entity Name MMATS, INC. 08-15-2000 90007 001 \*\*\*150.00 Mailing Address Principal Place of Business 863 W. 13TH COURT 863 W. 13TH COURT RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-1649865 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOFFMAN, KARL Street Address (P.O. Box Number is Not Acceptable) 35 TRDEWINDS CIRCLE TEQUESTA FL 33469 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD Addition TITLE □ Delete TITLE ☐ Change HOFFMAN, KARL NAME NAME STREET ADDRESS 35 TRADEWINDS CIRCLE STREET ADDRESS CITY-ST-7IP **TEQUESTA FL** CITY-ST-7IP VSD ☐ Change ■ Addition TITLE ☐ Delete HOFFMAN, SUZANNE NAME STREET ADDRESS STREET ADDRESS 35 TRADEWINDS CIRCLE CITY-ST-ZIE CITY-ST-ZIP TEQUESTA FL --☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

AHachment Doctt: 440404 70072582 081400

863 WEST 13th COURT RIVIERA BEACH, FL 33404 PHONE (561) 848-8133 FAX (561) 848-8152

August 9, 2000

Florida Department of State Uniform Business Report Filing Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

## RE: FEI# 59-1649865

To Whom It May Concern:

We are submitting the 2000 Uniform Business Report with our fee of \$150.00. We request that you please review our account and grant us a waiver on the late fees. It was a clerical oversight on our part, for which we have made corrective measures to assure this does not happen in the future.

Thank you for your consideration.

Sincerely,

Kenneth C. Speranza

Controller

KCS/bj