


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90091 008 \*\*\*\*61.25

<b>DOCUMENT #</b> 705266	
<b>1. Entity Name</b> MATEEZ APARTMENTS INC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 500 LAYNE BLVD	<b>3. Mailing Address</b> 500 LAYNE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> HALLANDALE FL	<b>City &amp; State</b> HALLANDALE FL
<b>Zip</b> 33009	<b>Country</b> USA

<b>4. FEI Number</b> 59 1022618	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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60037393

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> BETTY FELDMAN
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 500 LAYNE BLVD
<b>#6</b>
<b>City</b> HALLANDALE <b>FL</b> <b>Zip Code</b> 33009

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FEES \$61.25**  
**Initial or Amended UBR**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> DS	<b>NAME</b> OMAIRA HAASE	<b>STREET ADDRESS</b> 500 LAYNE BLVD #7	<b>CITY-ST-ZIP</b> HALLANDALE FL 33009	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<b>TITLE</b> D VP	<b>NAME</b> BETTY FELDMAN	<b>STREET ADDRESS</b> 500 LAYNE BLVD #6	<b>CITY-ST-ZIP</b> HALLANDALE FL 33009	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<b>TITLE</b> D	<b>NAME</b> JACK ALTER	<b>STREET ADDRESS</b> 500 LAYNE BLVD #2	<b>CITY-ST-ZIP</b> HALLANDALE FL 33009	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<b>TITLE</b> DT	<b>NAME</b> DANIEL MATHIEU #4	<b>STREET ADDRESS</b> 500 LAYNE BLVD	<b>CITY-ST-ZIP</b> HALLANDALE FL 33009	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<b>TITLE</b> DP	<b>NAME</b> LORIE DALEY	<b>STREET ADDRESS</b> 500 LAYNE BLVD #14	<b>CITY-ST-ZIP</b> HALLANDALE FL 33009	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP
<b>TITLE</b> NAME	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>TITLE</b> NAME	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>

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IN THIS SPACE**

**12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.**

CR2E037B (12/02)