## 2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with

SIGNATURE: 3

## **FILED** DOCUMENT # **F84944** Mar 13, 2000 8:00 am 1. Entity Name **Secretary of State** MATRA INC. 03-13-2000 90061 044 \*\*\*150.00 Principal Place of Business Mailing Address 6164 N.W. 74TH AVENUE 6164 N.W. 74TH AVENUE MIAMI FL 33166-3710 **MIAMI FL 33166** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2199983 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BLVD. 1600 MIAMI CENTER **MIAMI FL 33131** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Change ☐ Addition ☐ Delete TITLE TITLE GOMEZ, MIGUEL NAME NAME STREET ADDRESS STREET ADDRESS MATRA, SANTA ANA CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CO Change ☐ Addition ☐ Delete TITLE TITLE **GAMBOA A., LUIS** NAME NAME STREET ADDRESS MATRA, SANTA ANA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF SAN JOSE CO Change ☐ Addition TITLE ☐ Delete TITLE GAMBOA A., LUIS NAME NAME MATRA, SANTA ANA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CO Change ☐ Addition ☐ Delete TITLE TITLE ORTUNO, GERARDO NAME STREET ADDRESS STREET ADDRESS MATRA, SANTA ANA CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CO ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ 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, 1 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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone # ID THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

other like empowered.