

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F92000000784**

1. Entity Name

MATVEST, INC.**FILED**
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90021 005 ***150.00

Principal Place of Business

Mailing Address

**29500 SOUTHFIELD
SUITE 100
SOUTHFIELD MI 48076
US****29500 SOUTHFIELD RD.
SUITE 100
SOUTHFIELD MI 48076
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-2234196**

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

GEORGE D FUNDS**2880 W OAKLAND PARK BLVD SUITE 221
FT LAUDERDALE FL 33311**Name **Roger Kaltz**

Street Address (P.O. Box Number is Not Acceptable)

4306 W. Broward Blvd., Ste A2**(Effective 6/1/01)**City **Plantation****FL**Zip Code **33317**

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

*Roger J. Kaltz***ROGER J. KALTZ****CHAIRMAN****5-2-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCPT	<input type="checkbox"/> Delete
NAME	KALTZ, ROGER J	
STREET ADDRESS	29500 SOUTHFIELD ROAD SUITE 100	
CITY-ST-ZIP	SOUTHFIELD MI	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	FUNDS, GEORGE D	
STREET ADDRESS	29500 SOUTHFIELD RD., STE. 100	
CITY-ST-ZIP	SOUTHFIELD MI	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

*Roger J. Kaltz***ROGER J. KALTZ****CHAIRMAN****5-5-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)