

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000432

1. Entity Name

MATTOS, INCORPORATED

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90105 003 ***150.00

Principal Place of Business

4501 BEECH ROAD
TEMPLE HILLS MD 20748

Mailing Address

4501 BEECH ROAD
TEMPLE HILLS MD 20748-6705

2. Principal Place of Business

5297 Phillips Highway

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32207

Country

City & State

Zip

Country

4. FEI Number

53-0240001

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MATTOS, JOHN A	
STREET ADDRESS	714 UPHAM PLACE NW	
CITY-ST-ZIP	VIENNA VA 22180	
TITLE	DC	<input type="checkbox"/> Delete
NAME	MATTOS, JOHN F	
STREET ADDRESS	714 UPHAM PLACE NW	
CITY-ST-ZIP	VIENNA VA 22180	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MATTOS, JOSEPH G	
STREET ADDRESS	8269 HAMMOND BRANCH WAY	
CITY-ST-ZIP	LAUREL MD 20723	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTFELD, HOWARD	
STREET ADDRESS	3160 GLENSHIRE DRIVE	
CITY-ST-ZIP	WINSTON-SALEM NC 27127	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHIPPLE, JEFFREY B	
STREET ADDRESS	6154 ROXBURY AVE.	
CITY-ST-ZIP	SPRINGFIELD VA 22152	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MODLIN, CYNTHIA L	
STREET ADDRESS	1754 RED OAK LANE	
CITY-ST-ZIP	WALDORF MD 20601	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Jeffrey B. Whipple*
VP Finance

3/28/00

301-423-1142

Date

Daytime Phone #

CR2E034 (9/99)