

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

08-13-2002 90224 036 \*\*\*550.00

**DOCUMENT # J55188**

1. Entity Name  
**WILLIAM D. MATTHEWMAN, P.A.**

Principal Place of Business

2300 GLADES ROAD  
 ST 340-W  
 BOCA RATON FL 33431  
 US

Mailing Address

2300 GLADES ROAD  
 ST 340-W  
 BOCA RATON FL 33431  
 US

2. Principal Place of Business

**44 WEST FLAGLER ST.**

3. Mailing Address

**44 WEST FLAGLER ST.**

Suite, Apt. #, etc.

**SUITE 1100**

Suite, Apt. #, etc.

**SUITE 1100**

City & State

**MIAMI FL**

City & State

**MIAMI FL**

Zip

**33130**

Country

**USA**

Zip

**33130**

Country

**USA**

4. FEI Number

**59-2816609**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MATTHEWMAN, WILLIAM D.**  
 2300 GLADES RD  
 STE 340-W  
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

**William D. MATTHEWMAN**

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

**44 WEST FLAGLER ST., Suite 1100**

City

**MIAMI**

**FL**

Zip Code

**33130**

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 **William D. Matthewman**

**William D. MATTHEWMAN**

**8-8-02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D MATTHEWMAN, WILLIAM D.</b>	<b>44 W FLAGLER ST #1100</b>	<b>MIAMI FL 33130</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **William D. Matthewman**

**8/8/02**

**305-577-3707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)