## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT#以71817 Mar 06, 2000 8:00 am Entity Name \* **Secretary of State** MATIZ CORP. 03-06-2000 90112 023 \*\*\*158.75 Principal Place of Business Mailing Address 6874 S.W. 114 PL 6874 S.W. 114 PL UNIT B UNIT B MIAMI FL 33173-1863 MIAMI FL 33173 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0076791 Not Applicable \$8.75 Additional Zip Country 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 MATIZ SR., ALBERTO Street Address (P.O. Box Number is Not Acceptable) 6874 S.W. 114 PL UNIT B **MIAMI FL 33173** Zip Code City 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE TITLE Delete NAME MATIZ, ALBERTO: E. NAME STREET ADDRESS STREET ADDRESS 6874 S.W. 114TH PL., #B CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Addition SD Change TITLE ☐ Delete TITLE MATIZ, ALVARO NAME STREET ADDRESS STREET ADDRESS 6874 S.W. 114TH PL., #B CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete TITLE Change Addition NAME MATIZ, ANA MARIA STREET ADDRESS STREET ADDRESS 6874 S.W. 114TH PL., #B CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DTLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNATURE SIGNATURE OF SIGNING OFFICER OF DIFFECTOR

ke empowered.

changed, or on an attachme

2-29-00 /27419L