FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K55243

MATANZAS CORPORATION

DOCUMENT#

SIGNATURE: Roland

1. Entity Name

FILED Apr 03, 2002 8:00 am Secretary of State

04-03-2002 90203 050 ***150.00

	•	•	
DO NOT	WRITE	IN THIS	SPACE

do not write in this space			:	B0058901				
2 Principal Place of Business 850 SAN CARLOS DR 850 SAN CARLOS								
Suite, Apt.		850 SAN CARLO Suite, Apt. #, etc.	DS DR		DO NOT WRITE II	N THIS SE	PACE	
Suite, Apr.	#, 6tc.	oune, Apt. #, etc.				N (1113 3F		
City & State FT. MYERS BEACH FL City & State FT. MYERS BE		City & State FT - MYERS BEA			FEI Number 65-0099264		Applied For Not Applicable	
33931	Country		ountry US	5. (Certificate of Status Desired		8.75 Additional ee Required	
			Name	7. Na	me and Address of Current Reg	istered A	gent	
DO NOT WRITE			WANDERON, THOMAS					
والمراب والمناف والمراب والمناف والمنا			Street Address (P.S. Box Number is Not Acceptable) 430 S AN CARLOS BLVD					
in this space				_				
			City FT. MYERS BEACH FL 33931					
8 The above	named entity submits this statement for t	he purpose of changing its regis					1 2 3 3 3 1	
o. Mo assia	named office destined and diagonalist for t	no parpaga at ananging na tagia	isolog omog ar rogiale	oa ag	orn, or soling in the character for the	•		
SIĞNATURE _		10000		1 1 1				
	Signature, typed or printed name of registered agent and		stered Agent signature require	a when re	enstating)	DATE		
Amended I		After May 1, Fe Amended UB Make Check Payable to	ee is \$550.00 R is \$61.25	\$550.00 10. Election Campaign Financing \$5.00 N Added to N		\$5.00 May Be Added to Fees		
11.	OFFICERS AND D	RECTORS						
TITLE	PD COE, JANICE	i i	TITLE					
NAME STREET ADDRESS	1425 BLOOR ST		NAME Street address					
CITY-ST-ZIP	TORONTO, ONTAR		CITY-ST-ZIP					
TITLE	S	ll '	ME					
THORDION, HODAND		NAME STREET AODRESS						
STREET ADDRESS CITY-ST-ZIP	850 SAN CARLOS FT. MYERS BEAC	UK k	CITY-ST-ZIP					
TITLE	D	·	TITLE		3. 1. 3. 1. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	-1.9		
NAME	HUGHES, BRETT		NAME					
		STREET ADDRESS City-St-Zip		DO NOT W	RIT	'E		
		TITLE		and the second s				
NAME HUGHES, HOLLY			NAME		IN THIS SP	AC		
STREET ADDRESS	813 ATHERTON AV		STREET ADDRESS					
CITY-ST-ZIP	FT. MYERS, FL3		CITY-ST-ZIP					
TITLE NAME		Jj	TITLE		a			
STREET ADDRESS		H [*]	STREET ADDRESS				}	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	•		TITLE	- /				
NAME STREET ADDRESS	•	ff	NAME STREET ADDRESS				}	
CITY-ST-ZIP		II -	CITY-ST-ZIP					
indicated of the cor	certify that the information supplied with the on this report or supplemental report is treporation or the receiver or trustee emporation and address, with all other like emporations.	ue and accurate and that my sig vered to execute this report as re	nature shall have the	same le	egal effect as if made under oath;	that I am	an officer or director	

March 26,2002