

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90148 017 ***150.00

DOCUMENT # *K78105 ✓*

1. Entity Name
MATKIM INDUSTRIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3001 NORTHWEST 60TH ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State FT LAUDERDALE, FL		City & State	
Zip 33309	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0115624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name HARRIS SHENKER	
Street Address (P.O. Box Number is Not Acceptable) 3001 NORTHWEST 60TH STREET	
City FT LAUDERDALE	FL Zip Code 33309

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 _____ (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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D MATTHEW SHENKER 87 ELGIN ROAD POCASSET, MA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T, D GEORGE ISAAC 7 TIP POND ROAD SHREWSBURY, MA	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CHARLES BUTMAN 3001 NORTHWEST 60TH ST FT LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARRIS SHENKER 3001 NORTHWEST 60TH ST FT LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEE MAJORS 3001 NORTHWEST 60TH ST FT LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSELL DENT 3001 NORTHWEST 60TH ST FT LAUDERDALE, FL	TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* 4/26/02 508-832-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034E (12/01)