

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90017 048 \*\*\*150.00

**DOCUMENT # M26563**

1. Entity Name  
**MATICA INC.**



Principal Place of Business  
**19900 NW 83RD AVENUE  
HIALEAH FL 33015**

Mailing Address  
**19900 NW 83RD AVENUE  
# 505  
HIALEAH FL 33015**

2. Principal Place of Business

3. Mailing Address

**8465 NW 166<sup>th</sup> Ter**

**8465 NW 166<sup>th</sup> Ter**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami Lakes, FL**

City & State

**Miami Lakes, FL**

Zip

**33016**

Country

**Miami Dade**

Zip

**33016**

Country

**Miami-dade**

4. FEI Number

**59-2651388**

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

**BONILLA, JOSE  
7775 N.W. 66TH STREET  
MIAMI FL 33166**

Name **Bonilla, Jose**

Street Address (P.O. Box Number is Not Acceptable)  
**8465 NW 166<sup>th</sup> Ter**

City **Miami Lakes**

**FL**

Zip Code **33016**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **PST BONILLA, JOSE F.** ☐ Delete  
STREET ADDRESS **19900 NW 83RD AVENUE**  
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE  
NAME **PST Bonilla, Jose F.** ☒ Change ☐ Addition  
STREET ADDRESS **8465 NW 166<sup>th</sup> Ter**  
CITY-ST-ZIP **Miami Lakes, FL 33016**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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NAME ☐ Delete  
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CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/17/03**

CR2E034 (10/02)