2000	UNIFORM BUS	INESS REPO	RT (UBR)		D. W	
DOCUI 1. Entity Name	MENT# Mちも	675	5 తుందాంగి తీ	APPROVED AND FILED	<b>S</b> . <b>W</b>	
U.S.	MATREX INC		•	10 10 PM 2:5	<u> </u>	
Principal Place	e of Business	Mailing Address		01 JAN 24 PM 2:5		
8125 MIAMI	NW 53RD ST #114 FL 33166		BRD©ŞФ⊋⊡#11 33166	SECRETARY OF STATE TALLAHASSEE, FLORE	E DA	
2. Principal Pl	ace of Business	3. Mailing Address				
8125 Suite, Apt.	NW 53RD ST #, etc.	8125 NW 53F Suite, Apt. #, etc.	RD_ST	DO NOT WRITE IN THIS SPA	.CE	
#114		#114			Applied For	
City & State MIAMI		City & State  MIAMI PL		4. FEI Number 65-0057415	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired 5/ \$8	.75 Additional	
33166	6. Name and Address of Current	33166 Registered Agent	USA			
KETTH	T CDIMED		Name			
KEITH T GRUMER 1 E. BROWARD BLVD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
SUITE			-			
FT LA	UDERDALE, FL 3330	11	City	FL	Zip Code	
• The should	named antity a shorts this statement for	with number of phonoing its	registered office or regis	tered agent, or both, in the State of Florida.		
Tax filing re (See criteri		After MAY 1, 20 Make Check Payab	II FEE IS \$150.00 00 Fee will be \$550.00 le to Department of S	itate   Tust Fund Contribution,	-\$5.00 May Be Added to Fees	
11. TITLE	OFFICERS AND	DIRECTORS Delete	12	ADDITIONS/CHANGES TO OFFICERS AND DI		
NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT		NAME STREET ADDRESS	:300003631 <sup>5</sup> 1 <sup>5</sup> 1 <sup>5</sup> 159:30 -02/02/0101138018 ****158.75 ****158.75		
TITLE	D	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PETER PLAYFAIR S 8125 NW 53RD ST	СОТТ	NAME STREET ADDRESS.	المنتفر المنافق المنتفر المنتف المنتفر المنتفر المنتف		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	***	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		Change Addition	
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
indicated i	on this report or supplemental report is	strug and accurate and that m	ny signature shall have th	Section 119.07(3)(i), Florida Statutes. I further certify le same legal effect as if made under oath; that I am a i07, Florida Statutes; and that my name appears in Bl	an officer or director	
SIGNAT	URE: SIGNATURE AND TYPEDOR P	RINTED NAME OF SIGNING OFFICER O	PETER PLAYE		477 3181	



January 5, 2001

Re: LN#700A00059679

Florida Department of State Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500 Attention:Sean Toner

Dear Sirs;

SUBJECT: RESUBMISSION

Receipt of your letter under reference above is acknowledged today January 2nd, 2001. Please find enclosed the documentation requested and property

We are not sure why you would return our correspondence on the grounds that we did not notify you that previous notices were not received when in fact, our very first letter to you stated that we had not received the annual package you sent out with the attending forms to file our annual corporate uniform business report. To comply we therefore hereby state categorically that we did not receive your previous notices, we believe that you might have been sending them to an incorrect address.

Kindly therefore accept the resubmitted forms which we believe to be correctly compiled.

Sincerely,

research on loss parent the acquiring at Presidents.

U.S. Matrex Inc.

Peter Playfalt

Enclosures (3)

Phase And earlibean the Councerfold

FAX (305) 477-3309 8125 N.W. 53rd Street • Suite 114 • Miami • FL 33166 matrex@icanect.net

TELEPHONE: (305) 477-3181 (305) 593-1266