

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M58675****1. Entity Name**
U.S. MATREX, INC.**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90010 024 ***150.00

Principal Place of Business**8125 NW 53RD STREET**
SUITE 114
MIAMI FL 33166**Mailing Address****PO BOX 565370**
PINE CREST FL 33256**2. Principal Place of Business****9250 SW 117 TERR**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State**MIAMI, FL 33176****Zip****33176****Country****DADE****City & State****Zip****Country****4. FEI Number 65-0057415****Applied For****Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****GRUMER, KEITH T**
1 EAST BROWARD BLVD
STE 1501
FT LAUDERDALE FL 33301**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code****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)

DATE**9. This corporation is eligible to satisfy its Intangible**
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing**
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS****TITLE** **PD** ☐ Delete
NAME **PETER PLAYFAIR, SCOTT**
STREET ADDRESS **8125 NW 53RD STREET**
CITY-ST-ZIP **MIAMI FL 33166****TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **PD** ☒ Change ☐ Addition
NAME **PETER PLAYFAIR, SCOTT**
STREET ADDRESS **1 EAST BROWARD BLVD #1501**
CITY-ST-ZIP **FT LAUDERDALE FL 33301****TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other I am empowered.****SIGNATURE:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
PETER PLAYFAIR SCOTT PRES

Date

Daytime Phone #

CR2E034 (9/01)