

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90007 027 ****61.25

DOCUMENT # N00000001804

1. Entity Name

MATER DEI, INC.

Principal Place of Business

**527 VALENCIA AVENUE. #5
 CORAL GABLES FL 33134**

Mailing Address

**527 VALENCIA AVENUE. #5
 CORAL GABLES FL 33134**

2. Principal Place of Business

MIAMI

3. Mailing Address

1101 BRIKELL AVE

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ORTEGA, LUIS A
 527 VALENCIA AVENUE, #5
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **ORTEGA, LUIS A**
 Street Address (P.O. Box Number is Not Acceptable) **1101 BRIKELL AVE SUITE 300**
NORTH TOWER
 City **MIAMI - FLORIDA FL** Zip Code **33131**

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

09-10-01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **LUIS A ORTEGA** ☐ Delete
 NAME **PRESIDENTE**
 STREET ADDRESS **2333 BRIKELL AVE APT 1602**
 CITY-ST-ZIP **33129**

TITLE **VICENTE BURAGLIA** ☐ Delete
 NAME **VICEPRESIDENT**
 STREET ADDRESS **10705 SW. 132 AVE.**
 CITY-ST-ZIP **33186 - MIAMI - FLA**

TITLE **REINALDO TREFEL** ☐ Delete
 NAME **TESORERO**
 STREET ADDRESS **10147 SW. 118 COURT.**
 CITY-ST-ZIP **33186 MIAMI-FLA**

TITLE **CLARA SUSANA ESCOBAR** ☐ Delete
 NAME **SECRETARY**
 STREET ADDRESS **10600 NW 37 TERRACE**
 CITY-ST-ZIP **33178 MIAMI, FLA**

TITLE **CARMEN POWER** ☐ Delete
 NAME **DIRECTOR**
 STREET ADDRESS **6940 SW. 96 ST**
 CITY-ST-ZIP **33156 MIAMI, FLA**

TITLE **JORGE CASTRO** ☐ Delete
 NAME **DIRECTOR**
 STREET ADDRESS **1581 BRIKELL AVE APT 2003**
 CITY-ST-ZIP **33129 MIAMI, FLA**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **JORGE ALMERIDI** ☐ Change ☐ Addition
 NAME **DIRECTOR**
 STREET ADDRESS **1111 BRIKELL BAY DRIVE APT 1803**
 CITY-ST-ZIP **33129**

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

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TITLE ☐ Change ☐ Addition
 NAME
 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 617, 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

CR2E037 (5/01)