

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007005

1. Entity Name

MATRIX MARKETING, ADVERTISING, AND PROMOTIONS, I

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90477 042 ***150.00

Principal Place of Business

3325 SOUTH UNIVERSITY DRIVE
SECOND FLOOR SUITE 210
DAVIE FL 33328-2020

Mailing Address

3325 SOUTH UNIVERSITY DRIVE
SECOND FLOOR SUITE 210
DAVIE FL 33328-2020

2. Principal Place of Business

3325 S. UNIVERSITY DR

Suite, Apt. #, etc.

210

City & State

DAVIE

Zip

33328-2020

Country

BROWARD

3. Mailing Address

3325 S. UNIVERSITY DR

Suite, Apt. #, etc.

210

City & State

DAVIE

Zip

33328-2020

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

650984312

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, MATTHEW

3325 SOUTH UNIVERSITY DRIVE
SECOND FLOOR
DAVIE FL 33328-2020

7. Name and Address of New Registered Agent

Name

MATTHEW S. HARRIS

Street Address (P.O. Box Number is Not Acceptable)

3325 S. UNIVERSITY DR.

SUITE 210

City

DAVIE, FL

FL

Zip Code

33328-2020

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, 2001 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 VP
NAME JOANNA R. HARRIS
STREET ADDRESS 3325 S. UNIVERSITY DR. SUITE 210
CITY-ST-ZIP DAVIE, FL 33328-2020

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-00

Date

954 916 9800

Daytime Phone #

CR2E034 (10/00)