

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095874

1. Entity Name

MATO & SONS, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90234 010 ***150.00

Principal Place of Business

14797 SW 142ND STREET
MIAMI FL 33186

Mailing Address

14797 SW 142ND STREET
MIAMI FL 33186

2. Principal Place of Business

2195 NW 7 Street

Suite, Apt. #, etc.

3. Mailing Address

2195 NW 7 Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

Zip

33125

Country

City & State

Miami, FL

Zip

33125

Country

4. FEI Number

65-1049769

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATO, CANDIDO S
14797 SW 142ND STREET
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Mato Candido S.

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

2195 NW 7 Street

City

Miami

FL

Zip Code

33125

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 PD
NAME MATO, CANDIDO S
STREET ADDRESS 14797 SW 142ND STREET
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE VPD
NAME MATO, BECKY
STREET ADDRESS 14797 SW 142ND STREET
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Candido S. Mato

Date

1/22/01

Daytime Phone #

(305) 643-5311

CR2E034 (10/00)