

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-30-2002 91598 007 ***150.00

DOCUMENT # **P00000095874**

1. Entity Name

Mato & Sons, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2159 NW 7th St.

3. Mailing Address
2159 NW 7th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

State **FL**

State **FL**

Zip **33125**

Country

Zip **33125**

Country

4. FEE Number
65-1049769

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CANDIDO S MATO**

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

15944 SW 151 TR.

City **MIAMI FL**

FL

Zip Code
33196

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

Candido S. Mato

Candido S. Mato

4/24/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when relinquishing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY- ST- ZIP	PO Mato, Candido S. 2159 NW 7th Street Miami, FL 33125
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IN THIS SPACE**

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 on an attachment with an address, with all other files empowered.

SIGNATURE:

Candido S. Mato

Candido S. Mato

4/24/02

315 643-5311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)