

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

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91534 009 \*\*\*150.00

DOCUMENT # **P00000102482** ✓  
1. Entity Name  
**MATEXO.USA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>7259 SW 48st</b>		3. Mailing Address <b>7259 SW 48st</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>	
Zip <b>33155</b>	Country <b>USA</b>	Zip <b>33155</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>GB-1029081</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>Carlos Cruz</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>7259 SW 48st</b>	
City <b>Miami</b>	Zip Code <b>FL 33155</b>

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 resigning)

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	<b>D CRUZ, CARLOS R. 7259 SW 48st Miami - FL 33155</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Bosisio, Yolanda S. 7259 SW 48st Miami - FL 33155</b>
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/02** (305) 663 6458  
(786) 348 4155

Date

Daytime Phone #

CR2E034B (12/01)