

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000112235

1. Entity Name

MATTERHORN FINANCIAL SERVICES, INC.

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-13-2001 90079 041 ***150.00

Principal Place of Business

Mailing Address

6699 NORTH FEDERAL HWY STE 103
BOCA RATON FL 33487

6699 NORTH FEDERAL HWY STE 103
BOCA RATON FL 33487

2. Principal Place of Business

6699 N. Federal Hwy #103

3. Mailing Address

6699 N. Federal Hwy

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

103

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33487

Country

U.S.

Zip

33487

Country

U.S.

4. FEI Number

APPLIED for

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSTA, ANDREW G
1604 SE 4TH STREET
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 PT ☐ Delete
NAME COSTA, ANDREW G
STREET ADDRESS 1604 SE 4TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE VS ☐ Delete
NAME PAPP, ALIEN E
STREET ADDRESS 1100 PINE DRIVE #208
CITY-ST-ZIP POMPANO BEACH FL 33060

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
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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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)