

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000114527

1. Entity Name

THE MATEO'S BROTHER, CORP.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90372 050 ***158.75

550801



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

808 NW 116 ST. SUITE A
MIAMI FL 33168

808 NW 116 ST. SUITE A
MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1063802

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATEO, RIGOBERTO
808 NW 116 ST, SUITE A
MIAMI FL 33168

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MATEO, RIGOBERTO	
STREET ADDRESS	808 NW 116 ST, SUITE A	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	V	<input type="checkbox"/> Delete
NAME	MATEO, MAIRON O	
STREET ADDRESS	210 SW 11 ST, APT 608	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MORALES, WILMAN O	
STREET ADDRESS	1145 NW 5 ST, APT 5	
CITY-ST-ZIP	MIAMI FL 33128	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MANUEL	
STREET ADDRESS	808 NW 116 ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)