

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

0215584 AV

DOCUMENT # P01000026488

1. Entity Name  
**MATAÑA CORPORATION**

04-11-2002 90654 031 \*\*\*150.00

Principal Place of Business  
**901 PONCE DE LEON BLVD.**  
**SUITE 603**  
**CORAL GABLES FL 33134**

Mailing Address  
**901 PONCE DE LEON BLVD.**  
**SUITE 603**  
**CORAL GABLES FL 33134**



2. Principal Place of Business  
**1415 Sunset Harbor**

3. Mailing Address  
**1415 Sunset Harbor**

Suite, Apt. #, etc.  
**Apt 109**

DO NOT WRITE IN THIS SPACE

City & State  
**Miami Beach FL**

City & State  
**Miami Beach FL**

4. FEI Number  
**03-0405187**

Applied For  
 Not Applicable

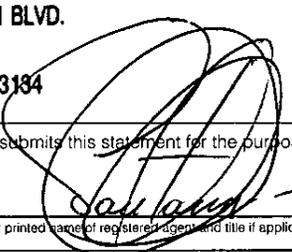
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip Country Zip Country  
**33139 FL 33139 FL**

6. Name and Address of Current Registered Agent  
**ALBORNOZ, WILLIAM H ESQ.**  
**901 PONCE DE LEON BLVD.**  
**SUITE 603**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
**Marcos Santana**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1415 Sunset Harbor Apt 109**  
 City  
**Miami Beach** **FL** Zip Code  
**33139**

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  DATE **03/25/2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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**

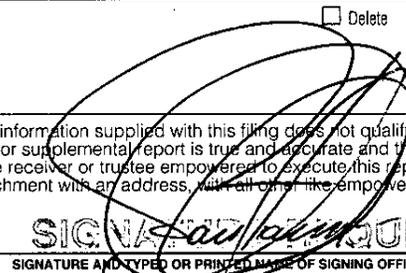
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANTANA, MARCOS</b> <b>901 PONCE DE LEON BLVD. SUITE 603</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:  DATE **03/25/2002**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Daytime Phone #

CR2E034 (9/01)