

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

DOCUMENT # P01000026488

1. Entity Name

MATARA CORPORATION

FILED

02 MAY 28 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2745 PONCE DE LEON BLVD

Suite, Apt. #, etc.

3. Mailing Address

2745 PONCE DE LEON BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

Zip

33134

Country

4. FEI Number

03-0405187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SANTANA, MARCOS

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

2745 PONCE DE LEON BLVD.

City

CORAL GABLES

FL

Zip Code
33134

**DO NOT WRITE
IN THIS SPACE**

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 **X**

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

MARCOS SANTANA, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

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
**DIRECTOR, PRESIDENT
SANTANA, MARCOS
2745 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100005754281--2
06/11/02 01103 002
*****61.25 *****61.25**

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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 like empowered.

SIGNATURE: **X**

MARCOS SANTANA

4/22/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)