

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90719 034 ***150.00

DOCUMENT # P01000038976

1. Entity Name
MATRIX EDUCATIONAL CENTER, INC.



Principal Place of Business
4818 NORWALK PL
ORLANDO FL 32808

Mailing Address
~~4818 NORWALK PL~~ **2120 W. Colonial**
ORLANDO FL 32808 **orlando fl 32804**



2. Principal Place of Business

2120 W. Colonial Dr

Suite, Apt. #, etc.

3. Mailing Address

2120 W. Colonial Drive

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3722803

Applied For

Not Applicable

Zip

32804

Country

Orange

Zip

32804

Country

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DECIMUS, NICOLAS D
4818 NORWALK PL
ORLANDO FL 32808

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DECIMUS, NICOLAS D**
STREET ADDRESS **4818 NORWALK PL**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nicolas D. Decimus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-03

Date

Daytime Phone #

CR2E034 (10/02)