

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90489 040 \*\*\*150.00

**DOCUMENT # P02000074006**

1. Entity Name  
**MATRIX GRAN VILLA, CORP.**



Principal Place of Business  
**1001 BRICKELL BAY DR. STE 2600  
MIAMI FL 33131**

Mailing Address  
**1001 BRICKELL BAY DR. STE 2600  
MIAMI FL 33131**



2. Principal Place of Business  
**17600 Collins Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**17600 Collins Avenue**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Sunny Isles Beach, FL**

City & State  
**Sunny Isles Beach, FL**

4. FEI Number  
**51-0418072**

Applied For  
Not Applicable

Zip  
**33160**

Country  
**USA**

Zip  
**33160**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**GRISALES-RACINI, OSCAR  
1001 BRICKELL BAY DR, STE 2600  
MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name **Oscar Grisales-Racini, Esq.**  
Street Address (P.O. Box Number is Not Acceptable)  
**12550 Biscayne Boulevard**  
**Suite 405**  
City **North Miami** FL Zip Code **33181**

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 DATE **03/13/2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP MIRANDA, JORGE E 1001 BRICKELL BAY DR, STE 2600 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ISRAEL, ESTEBAN C 1001 BRICKELL BAY DR, STE 2600 MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MADEO, OSCAR A 1001 BRICKELL BAY DR, STE 2600 MIAMI FL 33131 <input checked="" 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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIRANDA, JORGE E 12550 Biscayne Blvd. Suite 405 North Miami, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ISRAEL, ESTEBAN C 12550 Biscayne Blvd. Suite 405 North Miami, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MADEO, OSCAR A 12550 Biscayne Blvd. Suite 405 North Miami, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2003 (305) 917-7600  
Date Daytime Phone #

CR2E034 (10/02)