

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

DOCUMENT # **PO 3000002956**

1. Entity Name

**matloff CORPORATION**



FILED

04 SEP 17 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**Wellington Sports Bar & Grill**

3. Mailing Address

**13889 Wellington TRAC A-20**

DO NOT WRITE IN THIS SPACE

City & State

**Wellington**

City & State

**FL 33414**

4. FEI Number

**270044493**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name **Don MAZZI**

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

**1542 Westchester AVE**

**Wellington FL 33414**

City

**FL**

Zip Code

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

SIGNATURE

**Don MAZZI, Pres.**

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

(NOTE: Registered Agent signature required when reinstating)

**8/27/04**

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **Philip DALLA P-T**  
NAME  
STREET ADDRESS **13889 Wellington TRAC A-20**  
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **Don MAZZI VP-S**  
NAME  
STREET ADDRESS **1542 Westchester AVE**  
CITY-ST-ZIP **Wellington FL 33414**

TITLE  
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**Check for  
150.00  
was sent 8/20/04  
Check # 2185  
Wellington Sports  
Bar & Grill  
DBA  
for Matloff Corp**

**700041296757**  
**09/23/04--01057--008 \*\*150.00**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/27/04**

Date

**(561)  
795-6300**

Daytime Phone #

CR2E034B (12/02)