

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000039335**

1. Entity Name

MATOUK INTERNATIONAL U.S.A., INC.**FILED**
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90006 008 ***150.00

Principal Place of Business 3801 N UNIVERSITY SUITE 320 SUNRISE FL 33351	Mailing Address 3801 N UNIVERSITY SUITE 320 SUNRISE FL 33351
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0416172	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****BOULOS, RIAD
3801 N UNIVERSITY
SUITE 320
SUNRISE FL 33351**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATOUK, NICOLE 3801 N UNIVERSITY DRIVE #320 SUNRISE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIAD BOULOS 3801 N. UNIVERSITY DR. #320 SUNRISE, FL. 33351 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATOUK, DAVID 3801 N UNIVERSITY DR #320 SUNRISE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATOUK, JEREMY 3801 N UNIVERSITY DR, STE #320 SUNRISE FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATOUK, DAVID 3801 N UNIVERSITY DR , #320 SUNRISE FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATOUK, JEREMY 3801 N UNIVERSITY DR #320 FORT LAUDERDALE FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOULOS, RIAD 3801 N UNIV. DR #320 SUNRISE FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *RBoulos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/22/01 954-742-2204
Date Daytime Phone #

CR2E034 (10/00)