

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91157 039 \*\*\*150.00

DOCUMENT #

1. Entity Name

Jose I Matamoros P.A.

Principal Place of Business

Mailing Address

2398 Cory CT  
Ocoee, FL 34761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

593283804

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**553662****6. Name and Address of Current Registered Agent**Jose I Matamoros  
2398 Cory CT  
Ocoee, FL 34761**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.

SIGNATURE

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

(NOTE) Registered Agent signature required when reinstating.

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!**

After MAY 1, 2001

**FEE IS \$150.00**  
**Fee will be \$550.00**  
**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 ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E034 (11/00)

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 no 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-20-01 407 290-9295 H  
438-3333 W