2000 UNIFORM BUSINESS REPORT (UBR)

Jan 12, 2000 08:00 AM DOCUMENT # P95000013313 1. Entity Name **Secretary of State** MATHEWS ENTERPRISES, INC. Principal Place of Business Mailing Address 455 LAKEVIEW DR 455 LAKEVIEW DR UNT 4 UNT 4 FT LAUDERDALE FT LAUDERDALE FL FL 33326 33326 US 2. Principal Place of Business 3. Mailing Address 1989 SACRAMENTO 1989 SACRAMENTO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ET LAUDERDALE FL FT LAUDERDALE FL 65-0633114 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33326 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATHEUS ALEJANDRO MATHELIS ALEJANDRO JP.S.T 455 LAKEVIEW DR Street Address (P.O. Box Number is Not Acceptable) UNT 4 1989 SACRAMENTO FT LAUDERDALE FL 33326 City Zip Code FT LAUDERDALE 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. 01/12/2000 ALEJANDRO MATHEUS 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 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PST Delete TILE X Change ☐ Addition MATHEUS ALEJANDRO NAME MATHEUS ALEJANDRO JP,S,T STREET ADDRESS 455 LAKEVIEW DR UNIT 4 STREET ADDRESS 1989 SACRAMENTO CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE 33326 FT LAUDERDALE 33326 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8 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.

FILED