

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025238

1. Entity Name

COMATRIX SOUTHEAST, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90089 044 ***158.75

Principal Place of Business

2952 NW 60TH STREET
FT LAUDERDALE FL 33309
US

Mailing Address

2952 N.W. 60TH STREET
FT LAUDERDALE FL 33309-1735

2. Principal Place of Business

2952 N.W. 60th Street

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Zip

Country

33309

Country

Zip

Country

4. FEI Number

65-0581894

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERRERA, MARTIN A
2952 N.W. 60TH STREET
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name Martin A. Herrera

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

COMATRIX SOUTHEAST
2952 N.W. 60th ST.

City FT LAUDERDALE, FL 33309

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] Vice President

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

(NOTE: Registered Agent signature required when reinstating)

01-14-2000

DATE

9. 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, 2000 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	V	<input type="checkbox"/> Delete
NAME	HERRERA, MARTIN A	
STREET ADDRESS	2952 N.W. 60TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	P	<input type="checkbox"/> Delete
NAME	PACHELLI, MICHAEL	
STREET ADDRESS	2952 N.W. 60TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	SILVER, NORMAN	
STREET ADDRESS	1628 130TH AVE NE	
CITY-ST-ZIP	BELLEVUE WA 98005	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERNSTEIN, ROBERT J	
STREET ADDRESS	1711 E ASH AVE	
CITY-ST-ZIP	FULLERTON CA 92631	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

[Signature] Vice President 01-14-2000 (954) 975-9966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #