

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90994 025 \*\*\*150.00

0380191 AV

**DOCUMENT # P95000050474**

1. Entity Name  
**MATILDE HOLDINGS, INC.**



Principal Place of Business  
~~251 ROYAL PALM WAY, SIXTH FLOOR~~  
~~WELLINGTON BEACH, FL 33414~~  
Mailing Address  
**12765 FOREST HILL BLVD**  
**SUITE 1302**  
**WELLINGTON FL 33414**



2. Principal Place of Business  
**12765 Forest Hill Blvd.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 1302**

Suite, Apt. #, etc.

City & State  
**Wellington, FL**

City & State

☒ CHECK HERE IF MAKING CHANGES

Zip  
**33414**

Country  
**US**

Zip

Country

4. FEI Number  
**65-0747550**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

~~DE MENDOZA, MARIO G III~~  
~~251 ROYAL PALM WAY, SIXTH FLOOR~~  
~~PALM BEACH FL 33414~~

7. Name and Address of New Registered Agent

Name  
**MARIO G. de MENDOZA, III, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**12765 Forest Hill Blvd.**  
**Suite 1302**  
City  
**Wellington** **FL** Zip Code  
**33414**

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, the registered agent.

SIGNATURE

**Mario G. de Mendoza, III, President**

**1/15/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**SENIOR, RAUL**  
**251 ROYAL PALM WAY, SIXTH FLOOR**  
**PALM BEACH FL 33480** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD**  
**SENIOR MENDOZA, MATILDE G**  
**251 ROYAL PALM WAY, SIXTH FLOOR**  
**PALM BEACH FL 33480** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**SENIOR, RAUL**  
**12765 Forest Hill Blvd., Suite 1302**  
**Wellington, FL 33414** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD**  
**Senior Mendoza, Matilde G.**  
**12765 Forest Hill Blvd., Suite 1302**  
**Wellington FL 33414** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**

**Raul Senior, President**

**4/20/03**

**(561) 784-2930**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)