

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90068 031 ***150.00

DOCUMENT # P95000071688

1. Entity Name

MATECUMBE CAPITAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**150 SE 12 ST
 STE 300
 FT. LAUDERDALE FL 33316-1844
 US**

**150 SE 12 ST
 STE 300
 FT. LAUDERDALE FL 33316-1844
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8211 W Broward Blvd.

8211 W Broward Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 120

Suite 120

City & State

City & State

Plantation, FL

Plantation, FL

33324

Country

USA

33324

Country

USA

4. FEI Number

65-0613584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALOCCO, JOSEPH M
 1323 SE THIRD AVENUE
 FORT LAUDERDALE FL 33316**

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)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LIHAN, THOMAS A	
STREET ADDRESS	150 SE 12 ST, SUITE 300	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SANTOLLA, STEVEN A	
STREET ADDRESS	150 SE 12 ST, STE 300	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven A. Santolla 1/22/02 954-4768191

Date

Daytime Phone #

CR2E034 (9/01)