

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000058559

1. Entity Name
MATTHEW J. STRAUS, INC.

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90056 012 ***150.00

Principal Place of Business

Mailing Address

629 DOLPHIN RD
WINTER SPRINGS FL 32708

629 DOLPHIN RD
WINTER SPRINGS FL 32708

2. Principal Place of Business

1642 CHERRY Blossom Terr.

3. Mailing Address

1642 CHERRY Blossom Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HEATHROW, FL.

City & State

HEATHROW, FL

Zip

32746

Country

U.S.A

Zip

32746

Country

U.S.A.

4. FEI Number 59-3396974

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

STRAUS, MATTHE J
629 DOLPHIN RD
WINTER SPRINGS FL 32708

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]

MATTHEW J. STRAUS

2.15.2001

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, 2001 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 PT
NAME STRAUS, MATTHEW J
STREET ADDRESS 629 DOLPHIN RD
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Delete

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

TITLE VPS
NAME STRAUS, CANDACE L
STREET ADDRESS 629 DOLPHIN RD
CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Delete

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

TITLE VP
NAME STRAUS, WERNER MR.
STREET ADDRESS 1512 PALISADES AVE
CITY-ST-ZIP FORT LEE NJ 07024 ☐ Delete

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

TITLE VP
NAME STRAUS, HILDE MRS.
STREET ADDRESS 1512 PALISADES AVE
CITY-ST-ZIP FORT LEE NJ 07024 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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]

MATTHEW J. STRAUS

2.15.01

(407)

333-2206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)