

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90508 028 \*\*\*150.00

**DOCUMENT # P96000087925**

1. Entity Name  
**CERAMIC MATRIX OF FLORIDA, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>3500 W 45TH ST<br/>         SUITE 11<br/>         W PALM BCH FL 33407<br/>         US</b> | Mailing Address<br><b>3500 W 45TH ST<br/>         SUITE 11<br/>         W PALM BCH FL 33407<br/>         US</b> |
|---|---|

**LU024223**



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number <b>65-0701147</b>                           | Applied For                           |
|   | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

**HANLON, M. TIMOTHY  
 321 ROYAL POINCIANA PLAZA  
 PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>CHAMI, GLEN<br/>3500 W 45TH ST STE 11<br/>W PALM BCH FL 33407</b> <input type="checkbox"/> Delete | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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CR2E034 (10/00)

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: \_\_\_\_\_ **19<sup>th</sup> February 2001** **561-6816810**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #