

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027596

1. Entity Name

OBJECTMATTER, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90113 004 ***150.00

00035477

Principal Place of Business

Mailing Address

13055 NW 13 ST
PEMBROKE PINES, FL
33028

13055 NW 13 ST.
PEMBROKE PINES, FL.
33028

2. Principal Place of Business

13055 NW 13 ST.

Suite, Apt. #, etc.

3. Mailing Address

13055 NW 13 ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES, FL.

Zip
33028

Country
US

City & State
PEMBROKE PINES, FL.

Zip
33028

Country
US

4. FEI Number

65-0817532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRAVIESO ENRIQUE JR.
13055 NW 13 ST.
PEMBROKE PINES, FL. 33028

7. Name and Address of New Registered Agent

Name TRAVIESO, ENRIQUE JR.

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

13055 NW 13 ST.

City PEMBROKE PINES

FL

Zip Code 33028

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, 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	ENRIQUE TRAVIESO JR.	
STREET ADDRESS	13055 NW 13 ST.	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33028	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	ENRIQUE TRAVIESO	
STREET ADDRESS	1133 NW 133 CT.	
CITY-ST-ZIP	MIAMI, FL. 33182	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Delete
NAME	ELENA J. TRAVIESO	
STREET ADDRESS	1133 NW 133 CT.	
CITY-ST-ZIP	MIAMI, FL. 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENRIQUE TRAVIESO, JR.	
STREET ADDRESS	13055 NW 13 ST.	
CITY-ST-ZIP	PEMBROKE PINES, FL. 33028	
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:

ENRIQUE TRAVIESO

4/14/00

305-787-7822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)