

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089598

1. Entity Name

MATT & ROBERT, INC.

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90049 050 \*\*\*150.00

Principal Place of Business

Mailing Address

3800 U.S. HWY 98 NORTH  
#650  
LAKELAND FL 33809

3800 U.S. HWY 98 NORTH  
#650  
LAKELAND FL 33809-3828

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 59-3474867

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

VESCERA, MATTEO  
3800 U.S. HWY 98 NORTH  
#650  
LAKELAND FL 33809

Name

LEE, SHIAN SHYAN

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

3800 U.S. HWY 98 NORTH #650

City

LAKELAND,

FL

Zip Code

33809

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]*

SHIAN SHYAN LEE, PRESIDENT

1/12/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME VESCERA, MATTEO  
STREET ADDRESS 1805 SHERWOOD LAKE BLVD  
CITY-ST-ZIP LAKELAND FL 33809 ☒ Delete

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

TITLE D  
NAME LEE, SHIAN SHYAN  
STREET ADDRESS 4120 STAFFORDSHIRE DRIVE  
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE DIRECTOR  
NAME ERIC LEE  
STREET ADDRESS 4141 STAFFORDSHIRE DR.  
CITY-ST-ZIP LAKELAND, FL 33809 ☐ 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

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]*

SHIAN SHYAN LEE, PRES. 1/12/00 (863) 858 444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #