

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089598

1. Entity Name

MATT & ROBERT, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90121 046 ***150.00

Principal Place of Business

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

Mailing Address

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

606096

2. Principal Place of Business

4120 STAFFORDSHIRE DR.

Suite, Apt. #, etc.

3. Mailing Address

4120 STAFFORDSHIRE DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number 59-3474867

Applied For

Not Applicable

Zip

33809

Country

POLK

Zip

33809

Country

POLK

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

4120 STAFFORDSHIRE DR.

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

SHIANSHYAN LEE, PRES.

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/01

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

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

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

TITLE D
NAME LEE, ERIC
STREET ADDRESS 4141 STAFFORDSHIRE DR
CITY-ST-ZIP LAKELAND FL 33809 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 another like empowered.

SIGNATURE:

SHIANSHYAN LEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/01 (863) 858 2198

Daytime Phone #

037851

CR2E034 (10/00)