

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90040 004 ***158.75

DOCUMENT # P98000000691

1. Entity Name

MATT SERVICES, INC.

Principal Place of Business

Mailing Address

14531 S.W. 136TH PLACE
MIAMI FL 33186

14531 S.W. 136TH PLACE
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

12289 Pembroke Rd

12289 Pembroke Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB #56

PMB #56

City & State

City & State

Pembroke Pines

Pembroke Pines

Zip

Country

Zip

Country

33025

USA

33025

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0801752

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

TARAZONA, MARCO A
14531 S.W. 136TH PLACE
MIAMI FL 33186

Name

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

12289 Pembroke Rd

PMB #56

City

Pembroke Pines

FL

Zip Code

33025

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
TARAZONA, MARCO A
1095 W 88 ST. #1
HIALEAH FL 33014

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12289 Pembroke Rd. PMB #108
Pembroke Pines, FL 33025

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/01

(305) 812-2866

CR2E034 (10/00)