FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90427 025 ***150.00

DOCUMENT # P98000025068

1. Entity Name
MATTEI IMPEX INTERNATIONAL INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1401 DEWEY STREET	1401 DEWEY STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State: HOLLYWOOD, FL
Zip: 33020 Country: USA	Zip: 33020 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0819865 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 1401 DEWEY STREET
City HOLLYWOOD FL Zip Code 33020

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DP	TITLE	
NAME	MATTEI MICHELE	NAME	
STREET ADDRESS	5 RESIDENCE LAGUNE	STREET ADDRESS	
CITY - ST - ZIP	97122BAIE MAHAULTGUADELOUPE	CITY - ST - ZIP	
TITLE	DP	TITLE	
NAME	GIL ROBERT	NAME	
STREET ADDRESS	5 RESIDENCE LAGUNE	STREET ADDRESS	
CITY - ST - ZIP	97122BAIE MAHAULTGUADELOUPE	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michele MATTEI President 4/4/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F

CHECK 150 $
067091764
NATBAK NA

ORIGINAL