

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91475 037 \*\*\*150.00

**DOCUMENT # P98000029636**

1. Entity Name  
**MATTOS WELDING, INC.**



Principal Place of Business  
**3391 NE 6TH TER  
POMPANO BEACH, FL 33064**

Mailing Address  
**3391 NE 6TH TER  
POMPANO BEACH, FL 33064**

2. Principal Place of Business  
**1770 SW 13 CT #A**  
Suite, Apt. #, etc.  
**A**

3. Mailing Address  
**1770 SW 13 CT #A**  
Suite, Apt. #, etc.  
**A**



☐ CHECK HERE IF MAKING CHANGES

City & State  
**POMPANO BEACH, FL**  
Zip  
**33069** Country  
**USA**

City & State  
**POMPANO BEACH, FL**  
Zip  
**33069** Country  
**USA**

4. FEI Number  
**65-0832857**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE MATTOS, VALDECY R  
12265 ROYAL PALM BLVD  
CORAL SPRINGS, FL 33065**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when submitting)

DATE

**FILE NOW!!! FEE IS \$60.00**  
After May 1, 2003 Fee will be \$650.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
**PD** ☐ Delete  
NAME  
**DE MATTOS, VALDECY R**  
STREET ADDRESS  
**12265 ROYAL PALM BLVD.**  
CITY-ST-ZIP  
**CORAL SPRINGS, FL 33065**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Valdecy Matos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/22/03**

**(954) 782-8382**

Date

Daytime Phone #

CP2E034 (10/02)