## 2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

## FILED DOCUMENT # **P98000045576** Mar 06, 2000 8:00 am **Secretary of State** THE MATAS GROUP, INC. 03-06-2000 90124 038 \*\*\*150.00 Principal Place of Business Mailing Address 5307 SOUTHWEST 152 PLACE CIRCLE 5307 SOUTHWEST 152 PLACE CIRCLE MIAMI FL 33326-2939 MIAMI FL 33185 2. Principal Place of Business Sinna Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State 4. FEI Number 65-0839316 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MATAS, JORGE 480 Spinnaker Weston, FL Street Address (P.O. Box Number is Not Acceptable) 5307-S.W. 152 PLACE CIRCLE MIAMI FL-33185-Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE TITLE ☐ Delete 480 SPinnaker Weston, FL 33326-2939 Achange MATAS, JORGE NAME NAME 5307 SOUTHWEST 152 PLACE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33185** ☐ Delete TITLE TITLE 480 Spinnaker DELON, MARIA C NAME STREET ADDRESS 5307 SOUTHWEST 152 PLACE CIRCLE STREET ADDRESS Weston FL 33326-2939 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33185 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP~ ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

JOEGE MATAS