

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000045693**

1. Entity Name

**MATIKAS INSURANCE & FINANCIAL SERVICES, INC.****FILED**  
**Feb 20, 2001 8:00 am**  
**Secretary of State**

02-20-2001 90088 041 \*\*\*150.00

**719361**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>101 N. FEDERAL HWY. STE. F BOCA RATON FL 33432</b>		Mailing Address <b>101 N. FEDERAL HWY. STE. F BOCA RATON FL 33432</b>	
2. Principal Place of Business		3. Mailing Address <b>1266 S. MILITARY TRAIL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># 562</b>	
City & State		City & State <b>Deerfield Beach FL</b>	
Zip	Country	Zip	Country
<b>33442</b>		<b>BROWARD</b>	
4. FEI Number <b>65-0837205</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MATIKAS, NICHOLAS 101 N. FEDERAL HWY. STE. F BOCA RATON FL 33432</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <i>Nicholas Matukas</i> DATE: <i>2/12/01</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		<b>\$5.00</b> 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	<b>D MATIKAS, NICHOLAS 1266 S. MILITARY TRAIL DEERFIELD BEACH FL 33442</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.			
SIGNATURE: <i>Nicholas Matukas</i>		DATE: <i>2/12/01</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

0303467

CR2E034 (10/00)