2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90312 046 ***150.00

DOCUMENT # P99000003254

1. Entity Name
RAMON MATESA INCORPORATED

Principal Place of Business	Mailing Address
2103 Sycamore Lane East. Plant City FL 33566	P.O. Box 3299 Plant City, FL 33566.

C0090838

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2103 Sycamore Lane East.	P.O. Box 3299.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANT CITY, FL	City & State: PLANT CITY FL
Zip: 33566 Country: U.S.A.	Zip: 33566 Country: U.S.A.

4. FEI Number: 650897452 ☐ 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
ORTIZ-GARCIA, RICARDO. 2103 Sycamore Lane East. Plant City FL 33566	Name: ORTIZ-GARCIA, RICARDO Street Address (P.O. Box Number is Not Acceptable): 2103 SYCAMORE LANE EAST City: PLANT CITY FL Zip Code: 33566

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 _____ RICARDO ORTIZ-GARCIA. 4-27-99.
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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	PD ORTIZ-GARCIA, RICARDO 2103 SYCAMORE LANE EAST PLANT CITY, FL 33566 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ORTIZ-GARCIA, RICARDO 2103 SYCAMORE LANE EAST PLANT CITY, FL 33566 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: _____ RICARDO ORTIZ GARCIA 4-27-00 813-752-0258.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #