2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900003254. FILED May 15, 2000 8:00 am 1. Entity Name Secretary of State MATESA INCORPORATED RAMON 05-15-2000 90312 046 \*\*\*150.00 Mailing Address 2103 Sycamore Lane East. P.O. Box 3299 Plant City FL 33566 Plant City, FL 33566 00090838 2. Principal Place of Business 3. Mailing Address 2103 Sycamore Lane East. P. O. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PLANT CITY 650897452 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORTIZ-GARCIA, RICARDO ORTIZ-GARCIA, RICARDO. Street Address (P.O. Box Number is Not Acceptable) 2103 Sycamore Lane East. 2103 SYCAMORE LANE EAST Plant City FL 33566 PLANT CITY 8. The above named entity submits this state profit for the purpose of changing its registered office or registered agent, or both, in the State of Florida RICARDO ORTIZ-GARCIA. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Addition TITLE ☐ Delete Change TITLE ORTIZ-GARCIA, RICARDO 2103 SYCAMORE LANE EAST ORTIZ-GARCIA RICARDO NAME NAME 2103 SYCAMORE LANE EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY, FL 33566 PLANT CITY , FL 33566 ☐ Change Addition TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 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 flue 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 employeered 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 SIGNATURE: