

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90628 020 ***158.75

DOCUMENT # P.99000003254 ✓
1. Entity Name
 RAMON MATESA INCORPORATION

Principal Place of Business **Mailing Address**
 2103 Sycamore Lane East 2103 Sycamore Lane East
 Plant City, FL Plant City FL
 33566. 33566.

2. Principal Place of Business **3. Mailing Address**
 2103 Sycamore Lane East 2103 Sycamore Lane East
 State, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Plant City, FLORIDA Plant City FLORIDA
 Zip Country Zip Country
 33566 U.S.A. 33566 U.S.A.

4. FL Number **Applied For**
 65-0897452 NOT APPLICABLE
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ORTIZ-GARCIA, RICARDO
 2103 Sycamore Lane East
 Plant City, FL 33566.

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL 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, Agent or (Printed Name of registered agent and title if not agent) (NEW) Registered Agent signature required when agent is not DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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

11. OFFICERS AND DIRECTORS Delete

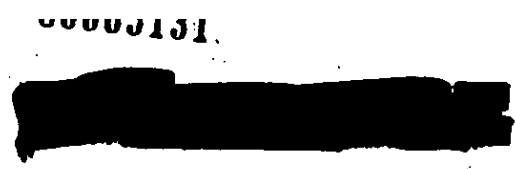
TITLE	PD	<input type="checkbox"/> Delete
NAME	ORTIZ-GARCIA, RICARDO	
STREET ADDRESS	2103 Sycamore Lane East	
CITY - ST - ZIP	Plant City FL 33566	<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(2)(X), 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 file 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 officers, directors, and employees.

SIGNATURE: _____ **RICARDO ORTIZ GARCIA** 4-29-01 (813) 752-0258
SIGNATURE REQUIRED FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TITLE Telephone #
 PRESIDENT



DO NOT WRITE IN THIS SPACE

UNUSABLE