

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91511 002 ***158.75

DOCUMENT # P99000003254
1. Entity Name
RAMON MATESA INCORPORATION

042001

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

City & State Plant City, Florida City & State Plant City, Florida 4. FEI Number 65-0897452 Applied For
Not Applicable
Zip 33566 Country U.S.A. Zip 33566 Country U.S.A. 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD ORTIZ-GARCIA RICARDO 2103 SYCAMORE LANE EAST PLANT CITY, FL 33566</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowers.
SIGNATURE: [Signature] RICARDO ORTIZ GARCIA 4-15-02 (813) 752-0258
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034B (12/01)