2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
05-15-2000 90099 049 ***150.00

953518

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99 0000 84612

1. Entity Name: MATCH All ENTERPRISES INC

Principal Place of Business	Mailing Address
1800 West 49 St. Ste 213	1800 West 49 St. Ste 213
Hialeah Fl. 33012	Hialeah Fl. 33012

2. Principal Place of Business	3. Mailing Address
1790 West 49 St.	1790 West 49 St.
Suite, Apt. #, etc.: Ste 217	Suite, Apt. #, etc.: Ste 217
City & State: HIALEAH Fl.	City & State: HIALEAH Fl.
Zip: 33012 Country: DADE	Zip: 33012 Country: DADE

4. FEI Number: 65-0911143 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Hector Vazquez
1790 West 49 St Ste 217
Hialeah Fl. 33012

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, 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	PV ERICK VAZQUEZ 1790 WEST 49 St. Ste 217 HIALEAH Fl 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HECTOR VAZQUEZ 1790 West 49 St Ste 217 HIALEAH Fl. 33012	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/00 Daytime Phone #: (305) 972-2885