

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90162 026 ***150.00

DOCUMENT # P99000041803

1. Entity Name
MATTA'S AUTO SALE, INC.

Principal Place of Business

3215 S. STATE RD. 7
 MIRAMAR FL 33023
 US

Mailing Address

3215 S. STATE RD. 7
 SUITE #110
 MIRAMAR FL 33023
 US

2. Principal Place of Business

3215 S State Rd 7

Suite, Apt. #, etc.

3. Mailing Address

3215 S State Rd 7

Suite, Apt. #, etc.

City & State

MIRAMAR FL 33023

Zip

Country

City & State

MIRAMAR FL 33023

Zip

Country

4. FEI Number **65-0920031**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MATA, MICHEL
10030 N.W. 44 TERRACE
SUITE #110
MIAMI FL 33178

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 signs 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

AGENT

04-06-01

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, 2001 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

TITLE ☐ Delete

NAME **PD**
MATA, MICHEL
 STREET ADDRESS **3215 S. STATE RD. 7**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Delete

NAME **VP**
MELO OLGUIN, RAMON G
 STREET ADDRESS **3215 S. STATE RD. 7**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Delete

NAME **S**
MATTA, MARWAN
 STREET ADDRESS **3215 S. STATE RD. 7**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Delete

NAME **T**
MELO OLGUIN, ROMULO E
 STREET ADDRESS **3215 S. STATE RD. 7**
 CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 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 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, or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

04-06-01

Date

Daytime Phone #

(954) 9626777

CPRE034 (10/00)