

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058758

1. Entity Name

MATRIX INTERNATIONAL TRADING, INC.

Principal Place of Business

1451 WEST CYPRESS CREEK ROAD SUITE 300
FORT LAUDERDALE FL 33309

Mailing Address

1451 WEST CYPRESS CREEK ROAD SUITE 300
FORT LAUDERDALE FL 33309

2. Principal Place of Business

3811 SW 47th AVE

3. Mailing Address

3811 SW 47th AVE

Suite, Apt. #, etc.

SUITE 629

Suite, Apt. #, etc.

SUITE 629

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33314

Country

Zip

33314

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0933095

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRABIS, PATRICK

1451 WEST CYPRESS CREEK ROAD SUITE 300
FORT LAUDERDALE FL 33309

Name

X

Street Address (P.O. Box Number is Not Acceptable)

X

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

Patrick Carrabis

4.19.01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPER, ANTHONY 1451 WEST CYPRESS CREEK ROAD SUITE 300 FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE 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 119.07(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:

Anthony Capper ANTHONY CAPPER

Date

Daytime Phone #

4.15.01 340 773 8539

CR2E034 (10/00)