

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90369 020 ***158.75

0183824

DOCUMENT # P99000104281

1. Entity Name

MATIRA CORPORATION

Principal Place of Business

1550 MADRUGA AVE., SUITE 240
CORAL GABLES FL 33146

Mailing Address

1550 MADRUGA AVE., SUITE 240
CORAL GABLES FL 33146

2. Principal Place of Business

6401 SW 87 Ct

3. Mailing Address

6401 SW 87 Ct

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

202

City & State

Miami, FL

City & State

Miami, FL

Zip

33173

Country

Dade

Zip

33173

Country

Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0964485

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, RONALDO R
1550 MADRUGA AVE., SUITE 240
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

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

6401 SW 87 Ct

Suite 202

City

Miami

FL

Zip Code

33173

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, applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-15-01

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 **D**
STREET ADDRESS **ROLDOS-BAEZ, MIRIAM**
CITY-ST-ZIP **1550 MADRUGA AVE., SUITE 240**
CORAL GABLES FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **6401 SW 87 Ct, Ste 202**
CITY-ST-ZIP **Miami, FL 33173**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-01 (305)
373-1344

CR2E034 (10/00)