

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S01108

Entity Name
MAT 1, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90066 022 ***150.00

Principal Place of Business

15 RAVENSWOOD ROAD
DAVIE FL 33312

Mailing Address

9250 OAK GROVE CIRCLE
DAVIE FL 33328-6934
US

00043343

Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

2992 MYRTLE OAK CIRCLE

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

DAVIE, FL

Zip

33328

Country

US

4. FEI Number

65-0220752

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MATRICARIA, JEAN
9250 OAK GROVE CIRCLE
DAVIE FL 33328

7. Name and Address of New Registered Agent

Name

JEAN MATRICARIA

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

2992 MYRTLE OAK CIRCLE

City

DAVIE

FL

Zip Code

33328

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

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

OFFICERS AND DIRECTORS

NAME MATRICARIA, JEAN STREET ADDRESS 9250 OAK GROVE CIRCLE CITY-ST-ZIP DAVIE FL 33328	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP MATRICARIA, JEAN 2992 MYRTLE OAK CIRCLE DAVIE, FL 33328	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JEAN MATRICARIA PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-424-0236

CR20034 (9/99)