

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90095 029 ***150.00

820672

DO NOT WRITE IN THIS SPACE

DOCUMENT # 588223

1. Entity Name
M.G.T.B. CORPORATION

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address

170 N.E. 29th Street **170 N.E. 29th Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami, Florida **Miami, Florida**

Zip Country Zip Country

33137 **Miami-Dade** **33137** **Miami-Dade**

4. FEI Number Applied For

59-2176375 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MARIANO
170 N.E. 29th Street
Miami, Florida 33137

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	GONZALEZ, MARIANO
STREET ADDRESS	170 N.E. 29th Street
CITY-ST-ZIP	Miami, Florida 33137
TITLE	VD <input type="checkbox"/> Delete
NAME	GONZALEZ, JR., MARIANO
STREET ADDRESS	170 N.E. 29th Street
CITY-ST-ZIP	Miami, Florida 33137
TITLE	STD <input type="checkbox"/> Delete
NAME	GONZALEZ, ISABEL
STREET ADDRESS	170 N.E. 29th Street
CITY-ST-ZIP	Miami, Florida 33137
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **3-17-00** 305-573-2736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)