


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90123 048 ****50.00

DOCUMENT # L02000006396

1. Entity Name
M.T. MANAGEMENT LLC



Principal Place of Business
~~550 S. OCEAN BLVD., APT. 1907~~
~~BOCA RATON FL 33432~~

Mailing Address
550 S. OCEAN BLVD., APT. 1907
BOCA RATON FL 33432

2. Principal Place of Business
5100 W. COMMERCIAL BLVD

3. Mailing Address
P.O. BOX 1875

Suite, Apt. #, etc.

City & State
TAMARAC, FL

City & State
BOCA RATON, FL

Zip
33319 Country **USA**

Zip
33429 Country **USA**

4. FEI Number
APPLIED

5. Certificate of Status Desired **\$5.00** Additional Fee Required

Applied For
 Not Applicable



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CIEINFUEGOS, A. RAY CPA
3270 SW 17TH ST.
MIAMI FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE **03/30/03**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President LILIANA BIANCHI PO BOX 1875 BOCA RATON, FL 33429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President MARCOS ALEJANDRO TRAFICANTE PO BOX 1875 BOCA RATON, FL 33429 <input type="checkbox"/> Change <input checked="" 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
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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **SIGNATURE REQUIRED** DATE: **03/30/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)