

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90172 050 \*\*\*158.75

**DOCUMENT # S86714**

1. Entity Name  
**MTA HOLDINGS, INC.**

Principal Place of Business 104 CRANDON BLVD SUITE 421 D KEY BISCAWAYNE FL 33149	Mailing Address 104 CRANDON BLVD SUITE 421 D KEY BISCAWAYNE FL 33149
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2. Principal Place of Business <b>104 CRANDON BOULEVARD</b> Suite, Apt. #, etc. <b>SUITE 409</b> City & State <b>KEY BISCAWAYNE, FLORIDA</b> Zip <b>33149</b> Country <b>USA</b>	3. Mailing Address <b>104 CRANDON BOULEVARD</b> Suite, Apt. #, etc. <b>SUITE 409</b> City & State <b>KEY BISCAWAYNE, FLORIDA</b> Zip <b>33149</b> Country <b>33149</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0314379</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**RODRIGUEZ, MARIA C**  
**104 CRANDON BLVD**  
**STE 421D**  
**KEY BISCAWAYNE FL 33149**

7. Name and Address of New Registered Agent  
 Name  
**RESEARCH MANAGEMENT CORPORATION**  
 Street Address (P.O. Box Number is Not Acceptable)  
**104 CRANDON BOULEVARD**  
**SUITE 409**  
 City  
**KEY BISCAWAYNE** FL Zip Code  
**33149**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAN MIGUEL, ALBERTO H.</b> <b>690 WARREN LANE</b> <b>KEY BISCAWAYNE FL 33149</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE 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	<b>D</b> <b>SAN MIGUEL, ALBERTO H.</b> <b>104 CRANDON BLVD, # 409</b> <b>KEY BISCAWAYNE, FLORIDA 33149</b>	<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
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

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: *Alberto San Miguel* **ALBERTO SAN MIGUEL** 4-5-01 (305) 361-2555  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0186534

CR2E034 (10/00)