

AMENDED
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S86714

1. Entity Name
MTA HOLDINGS, INC.

FILED
01 SEP -6 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

6. Name and Address of Current Registered Agent
RODRIGUEZ, MARIA C
104 CRANDON BLVD
STE 421D
KEY BISCAIYNE 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 BISCAIYNE 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* (NOTE: Registered Agent signature required when reinstating) DATE

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAN MIGUEL, ALBERTO H. 690 WARREN LANE KEY BISCAIYNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S SAN MIGUEL, ALBERTO H. 104 CRANDON BLVD., # 409 KEY BISCAIYNE, FLORIDA 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SAN MIGUEL, MARTINA 104 CRANDON BLVD., #409 KEY BISCAIYNE, FLORIDA 33149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900004602899 <input type="checkbox"/> Change <input type="checkbox"/> Addition -09/20/01--01073--073 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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.