

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000154336

**Entity Name:** MTA PARTNERS, INC.

**Current Principal Place of Business:**

86 MAIN STREET  
SUCCASUNNA, NJ 07876

**Current Mailing Address:**

86 MAIN STREET  
SUCCASUNNA, NJ 07876 US

**FEI Number:** 20-4218073

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MOHREN, DAVID  
C/O DAVID S. MOHREN  
1422 SEDGWICK DRIVE  
WESLEY CHAPEL, FL 33543 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name MOHREN, DAVID  
Address 75 MOUNTAINVIEW AVENUE  
City-State-Zip: MOUNT ARLINGTON NJ 07856

Title D  
Name ROLDAN, ALBERT  
Address 148 MCGREGOR AVENUE  
City-State-Zip: MOUNT ARLINGTON NJ 07856

Title D  
Name STRICKLER, MICHAEL  
Address 1204 WOODMONT COURT  
City-State-Zip: MOUNT ARLINGTON NJ 07850

Title D  
Name HILSINGER, BRIAN  
Address 4 COOLIDGE TRAIL  
City-State-Zip: LANDING NJ 07850

Title D  
Name APPLEBY, RONALD  
Address 10 JAMES DRIVE  
City-State-Zip: MOUNT ARLINGTON NJ 07856

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID MOHREN

D

02/03/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date