

# 2002 UNIFORM BUSINESS REPORT (UBR)

0000303  
AT

DOCUMENT # **A94000001810**

1. Entity Name

MTBP GROUP, LTD.

FILED

02 SEP 16 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O BEN BATTLE, JR.  
7850 NW 146 STREET  
MIAMI LAKES FL 33016

Mailing Address

7850 N.W. 146 STREET  
#201  
MIAMI LAKES FL 33016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number

65-0541712

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIELS, NICHOLAS M ESQUIRE  
THERREL BAISDEN & MEYER WEISS  
1111 LINCOLN ROAD MALL, SUITE 500  
MIAMI BEACH FL 33139

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$414,582.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P94000092739  
NAME BATTLE GROUP, INC.  
STREET ADDRESS 7850 NW 146 STREET  
CITY-ST-ZIP MIAMI LAKES FL 33016

STREET ADDRESS

CITY-ST-ZIP

100007849901--8  
-09/19/02--01061--006  
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STREET ADDRESS

CITY-ST-ZIP

THOMAS

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/29/02

Date

305-558-1101

Daytime Phone #

CR2E003 (4/02)